

Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes

Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Physical

Discrimination Involved (i.e. source)?:

Alleged form of discrimination:

Has this happened before (reoccurrence)?: No

Name of alleged perpetrator: [REDACTED]

Gender of alleged perpetrator: Female

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status:

Hours worked per week:

Work Unit: HCNAB

Section: Adult Acute Mental Health Services

Are you a shift worker?: Yes

How many hours have you worked this shift?: 8

Standard or rotating work:

Manager name: Kelly Chase

The reporter is:: The person affected by the incident

Reporter's Name: [REDACTED]

Details of other (position):

Provide a thorough investigation of the incident: [REDACTED] No medical intervention was required at the time and denied any further days off or medical intervention needed.

Who completed the investigation?: Kelly Chase

What control measures have been put in place?: Staff PART trained. All staff have a duress while on unit. Ongoing education about maintaining safe distances. [REDACTED]

Managers Additional comments:

Was there a Dangerous Substance involved in the incident?: No

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident?: No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression

Details of Other:

Details of Other (discrimination):

Details of Other (alleged form):

URN: [REDACTED]

Details of other gender:

Other hours worked:

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Adult Mental Health Unit (AMHU)

Start time:

Intended length of shift:

Manager phone: 61745454

Reporter's Position: Registered Nurse / Midwife

Review Date: 7 May 2018

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons

Outcome: Minor

Risk Rating: M

Potential Risk Rating:

Notifiable Incident: No

NIR Attached: No

Serious Injury or Illness:

Dangerous Incident:

Investigation/Findings adequate?: Yes

Controls adequate report: Yes

Control hierarchy: Administrative Controls

Needlestick/sharp/splash/scratch/bite Incident: No

Security Related Incident: No

Property Management & Maintenance: No

Cleaning/Waste Environmental: No

Fire/Emergency/Evacuations/Parking/Fleet: No

Food Services: No

Bio-Medical: No

Radiation/Medical Physics: No

Sterilising: No  
 Significant Incident Level:  
 SI Details:  
 Has an Occupational Risk No  
 Exposure (ORE) Occurred?:  
 Is this a Dangerous Substances No  
 Related?:  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or No  
 prohibited substance?:  
 Is there an occupational No  
 threshold associated with this substance?:  
 Does this substance requiring No  
 health monitoring?:

Infection Control: No  
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

**Significant Incident Details**

Significant Incident Category:

Person Responsible for SI

Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke No

service sensitivities :

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still No

required:

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still No

required:

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

**Journal Entries**

| <u>Date/Time</u> | <u>Journal Entry</u> | <u>Reference</u> | <u>Cost</u> |
|------------------|----------------------|------------------|-------------|
|------------------|----------------------|------------------|-------------|

|               |              |  |  |
|---------------|--------------|--|--|
| Journal Type: | Action Taken |  |  |
|---------------|--------------|--|--|

|                    |   |  |  |
|--------------------|---|--|--|
| Created by:        | Reviewer 2, Workplace Safety              |  |  |
| 04 May 18 09:50:00 | DO NOT REPLY TO THIS AUTO GENERATED EMAIL |  |  |

You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6205 0888 [workplacesafety@act.gov.au](mailto:workplacesafety@act.gov.au)

Thank you for your assistance.

Actioned: Yes

Mail Sent On:

Linked Document Path:

**Documents**

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED]  
First Name: [REDACTED]  
Gender: Female  
Date of Birth: [REDACTED]  
Contact Number: [REDACTED]  
Job Title: Registered Nurse Level 1

Related Incident ID:  
Surname: [REDACTED]  
Age: [REDACTED]

Is this a Student/Volunteer Incident?:

Is this a contractor incident?: No

Details of Other:

Has the ACT Health Contractor Induction been completed?: No

Incident Type (Hazard, Incident):

Incident Type (Hazard, Incident): Incident

Incident Date: [REDACTED]

Notification Date: [REDACTED]

Total days to report (days): 3.1

Provide a brief Summary of the incident?: [REDACTED]

Provide more details of the incident?: [REDACTED]

Contractor Company:

Induction Date:

Has a staff injury been sustained?: Yes

Incident Time: 14:12

Notification Time: 16:06

Work Start Time:

Incident Outline: Staff member physically assaulted by consumer while assisting [REDACTED]

Body Part Affected: Back Left Upper Arm  
Back Neck  
Back Right Upper Arm  
Mouth  
Psychological  
Upper Back Left  
Upper Back Right

Body Part Most Affected: Mouth

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: Yes

Has the incident caused any impacts on service delivery?: Yes

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Treatment Required: Yes

How much time was lost: Less than a full day of work was lost

Type of impact: Minor service interruption less than 1 day lost

Mainet Number:

Treatment given: Doctor  
 First aid or alternative treatment  
 Other

Details of Other (Treatment): Paracetamol, massage, heat therapy.

Has your HSR been notified?: Yes

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: Yes Value of medical expenses: [REDACTED]

Is a return to work plan required?: Not Applicable

Details (Return to work): [REDACTED]

What task was being performed at the time of the incident?: [REDACTED]

Incident related to the task?: Yes

Experience (months): [REDACTED]

Have you received specific training in the task/work being performed at the time of the accident/incident?: Yes

Details of Other Training: PART and ESIT training, [REDACTED].

Was personal protective equipment being worn?: Yes

Other PPE Details: [REDACTED]

Were there any witnesses?: Yes

Witness #1 Name: Shaun Bayliss

Witness #2 Name: Belinda Woodward

Witness #3 Name: [REDACTED]

Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes

Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Physical

Discrimination Involved (i.e. source?): Patient/Client/Consumer

Alleged form of discrimination: [REDACTED]

Has this happened before (reoccurrence?): No

Name of alleged perpetrator: [REDACTED]

Gender of alleged perpetrator: Female

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status: Permanent Full-Time

Hours worked per week: 38 Hrs

Work Unit: HCNAB

Section: Adult Acute Mental Health Services

Are you a shift worker?: Yes

How many hours have you worked this shift?: 8

Standard or rotating work: Component or rotating shift work arrangement

Manager name: Shaun Bayliss

The reporter is: The person affected by the incident

Reporter's Name: [REDACTED]

Details of other (position): [REDACTED]

Provide a thorough investigation of the incident: Follow up with staff member lip split after being head butted by consumer during restraint. [REDACTED].  
 Attended follow up GP appointment did not require stitches. No ongoing headache.

Who completed the investigation?: Kelly Chase

What control measures have been put in place?: Staff PART trained. Cold therapy applied. Advised of EAP access and management support. [REDACTED]

Managers Additional comments: [REDACTED]

Was there a Dangerous Substance involved in the incident?: No

Name of the Dangerous Substance: [REDACTED]

Do you have experience in performing this task?: Yes

Experience (years): 8

Training received: Induction training  
 Other training  
 Vocational/task-specific training

Details of PPE used: Eye Protection  
 Footwear  
 Hand Protection

Witness # 1 Phone: 61745454

Witness # 2 Phone: 61745454

Witness #3 Phone: [REDACTED]

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression

Details of Other: verbal and physical

Details of Other (discrimination): [REDACTED]

Details of Other (alleged form): [REDACTED]

URN: [REDACTED]

Details of other gender: [REDACTED]

Other hours worked: [REDACTED]

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Adult Mental Health Unit (AMHU)

Start time: [REDACTED]

Intended length of shift: Shift duration of up to and including 8 hrs

Manager phone: 61745414

Reporter's Position: Registered Nurse / Midwife

Review Date: 7 May 2018

How much of the Dangerous Substance was involved?: [REDACTED]

Is this a WorkSafe ACT Notifiable Incident?: No  
 WorkSafe ACT Notification Date:  
 Name of the person who notified:  
 Name of inspector spoken to:  
 Deceased: No  
 Police Notified?: No  
 Police Notification Date:  
 Name of Officer Notified:  
 De-Identified Information:

Was the site preserved?: No  
 WorkSafe ACT Notification Method:  
 Persons Position:

Police Notification Time:  
 Police Job Number:

#### Classification

CMD Status: Transfer  
 Mechanism of Incident: GROUP 2 - Being hit by moving objects  
 Outcome: Insignificant  
 Risk Rating: M  
 Notifiable Incident: No  
 Serious Injury or Illness: Dangerous Incident:  
 Investigation/Findings adequate?: Yes  
 Controls adequate report: Yes  
 Needlestick/sharp/splash/scratch/bite Incident: No  
 Property Management & Maintenance: No  
 Fire/Emergency/Evacuations/Parting/Fleet: No  
 Bio-Medical: No  
 Sterilising: No  
 Significant Incident Level: SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No  
 Is this a Dangerous Substances Related?: No  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or prohibited substance?: No  
 Is there an occupational threshold associated with this substance?: No  
 Does this substance requiring health monitoring?: No

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons

Potential Risk Rating:  
 NIR Attached: No

Control hierarchy: Administrative Controls  
 Security Related Incident: No  
 Cleaning/Waste Environmental: No  
 Food Services: No  
 Radiation/Medical Physics: No  
 Infection Control: No  
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

#### **Significant Incident Details**

Significant Incident Category:  
 Person Responsible for SI Report:  
 Initial SI Report: No  
 Media Interest: No  
 Complaint by Family/Carer: No  
 Circumstances Likely to evoke service sensitivities :  
 Initial SI Comments:  
 Initial Report Submitted: No  
 Initial Report Submitted By:  
 Interim SI Report: No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical Review/Investigation Status:  
 Interim ongoing action still required: No  
 Interim SI Comments:  
 Interim Report Submitted: No  
 Interim Report Submitted By:  
 Final SI Report: No  
 Final Status Update:

Date Initial Report Submitted:

Date Interim Report Submitted:

Final Investigation Type:  
 Final Clinical  
 Review/Investigation Status:  
 Final ongoing action still No  
 required:  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By:

Date Final Report Submitted:

**Journal Entries**

| <u>Date/Time</u> | <u>Journal Entry</u> | <u>Reference</u> | <u>Cost</u> |
|------------------|----------------------|------------------|-------------|
|------------------|----------------------|------------------|-------------|

Journal Type: Action Taken

Created by: Reviewer 2, Workplace Safety  
 07 May 18 10:18:00 DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au

Thank you for your assistance.  
 Actioned: Yes  
 Linked Document Path:

Mail Sent On:

**Documents**

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED] Related Incident ID:  
 First Name: [REDACTED] Surname: [REDACTED]  
 Gender: Male  
 Date of Birth: [REDACTED] Age: [REDACTED]  
 Contact Number: [REDACTED]  
 Job Title: Registered nurse  
 Is this a Student/Volunteer Incident?:  
 Is this a contractor incident?: No Contractor Company:  
 Details of Other:  
 Has the ACT Health Contractor Induction been completed?: No Induction Date:  
 Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: Yes  
 Incident Date: [REDACTED] Incident Time: 06:50  
 Notification Date: [REDACTED] Notification Time: 23:39  
 Total days to report (days): 0.7 Work Start Time:  
 Provide a brief Summary of the incident?: Physical assault by Consumer [REDACTED] towards Author  
 Provide more details of the incident?: [REDACTED]  
 Incident Outline: Staff member physically assaulted by consumer.  
 Body Part Affected: Back Right Upper Arm  
 Front Right Upper Arm  
 Body Part Most Affected: Back Right Upper Arm  
 Has this incident also affected your psychological wellbeing?:  
 Has this incident affected your work?: No How much time was lost: Minor injury or illness - no lost time  
 Has the incident caused any impacts on service delivery?: No Type of impact:  
 Was there any plant/equipment involved?: No  
 Provide Details:  
 Plant Asset/Serial Number:  
 Has a mainet been submitted?: No Mainet Date: Mainet Number:  
 Treatment Required: Yes  
 Treatment given: First aid or alternative treatment  
 Details of Other (Treatment):  
 Has your HSR been notified?: No  
 Is a claim for workers compensation required?: No  
 Have medical expenses occurred or likely?: No Value of medical expenses:  
 Is a return to work plan required?: No  
 Details (Return to work):  
 What task was being performed at the time of the incident?: [REDACTED]  
 Incident related to the task?: Yes Do you have experience in performing this task?: No  
 Experience (months):  
 Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No Experience (years):  
 Details of Other Training: Training recieved:  
 Was personal protective equipment being worn?: Yes Details of PPE used: Other  
 Other PPE Details: Duress Alarm  
 Were there any witnesses?: Yes  
 Witness #1 Name: Marie Rivera Witness # 1 Phone:  
 Witness #2 Name: Karthik Witness # 2 Phone:  
 Witness #3 Name: Witness #3 Phone:  
 Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes Type of claimed Violence/Aggression/Discrimination:  
 Who was involved? (ie. source): Patient/Client/Consumer



Form of violence/aggression or bullying/harassment: Physical  
 Discrimination Involved (i.e. source)?:  
 Alleged form of discrimination:  
 Has this happened before (reoccurrence)?: Yes  
 Name of alleged perpetrator: [REDACTED]  
 Gender of alleged perpetrator: Male  
 Physical Location: Adult Mental Health Unit (AMHU)  
 Employment Status: Permanent Full-Time  
 Hours worked per week: 38 Hrs  
 Work Unit: HCNAB  
 Section: Adult Acute Mental Health Services  
 Are you a shift worker?: Yes  
 How many hours have you worked this shift?: 10  
 Standard or rotating work: Shift rotation not known  
 Manager name: Kelly Chase  
 The reporter is: The person affected by the incident  
 Reporter's Name: [REDACTED]  
 Details of other (position):  
 Provide a thorough investigation of the incident: P/C follow up with the reporter who was punched in the arm by consumer unexpectedly. [REDACTED] -No GP follow up required and no missed shifts as a result.  
 Who completed the investigation?: Kelly Chase  
 What control measures have been put in place?: Staff PART trained. [REDACTED]. Ongoing education with staff regarding safe distance where possible to ensure their safety.  
 Managers Additional comments:  
 Was there a Dangerous Substance involved in the incident?: No  
 Name of the Dangerous Substance:  
 Is this a WorkSafe ACT Notifiable Incident?: No  
 WorkSafe ACT Notification Date:  
 Name of the person who notified:  
 Name of inspector spoken to:  
 Deceased: No  
 Police Notified?: No  
 Police Notification Date:  
 Name of Officer Notified:  
 De-Identified Information:

Details of Other:  
 Details of Other (discrimination):  
 Details of Other (alleged form):  
 URN:  
 Details of other gender:  
 Other hours worked:  
 Division: Mental & Justice Health, Alcohol & Drug Services  
 Sub Section: Adult Mental Health Unit (AMHU)  
 Start time:  
 Intended length of shift: Shift duration of more than 8 hrs (excluding overtime)  
 Manager phone: 026145406  
 Reporter's Position: Registered Nurse / Midwife  
 Review Date: 7 May 2018  
 How much of the Dangerous Substance was involved?:  
 Was the site preserved?: No  
 WorkSafe ACT Notification Method:  
 Persons Position:  
 Police Notification Time:  
 Police Job Number:

Classification

CMD Status: Transfer  
 Mechanism of Incident: GROUP 2 - Being hit by moving objects  
 Outcome: Minor  
 Risk Rating: M  
 Notifiable Incident: No  
 Serious Injury or Illness:  
 Dangerous Incident:  
 Investigation/Findings adequate?: Yes  
 Controls adequate report: Yes  
 Needlestick/sharp/splash/scratch/bite Incident: No  
 Property Management & Maintenance: No  
 Fire/Emergency/Evacuations/Parking/Fleet: No  
 Bio-Medical: No  
 Sterilising: No  
 Significant Incident Level:  
 SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons  
 Potential Risk Rating:  
 NIR Attached: No  
 Control hierarchy: Administrative Controls  
 Security Related Incident: No  
 Cleaning/Waste Environmental: No  
 Food Services: No  
 Radiation/Medical Physics: No  
 Infection Control: No  
 Significant Incident Type:

Is this a Dangerous Substances No  
Related?:  
What was the nature of the  
potential Dangerous Substances  
exposure?:  
What was the route of potential  
exposure?:  
Is the substance a restricted or No  
prohibited substance?:  
Is there an occupational No  
threshold associated with this  
substance?:  
Does this substance requiring No  
health monitoring?:

Details of other:

Details:

Details Threshold:

Details Monitoring:

**Significant Incident Details**

Significant Incident Category:

Person Responsible for SI

Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke No

service sensitivities :

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still No

required:

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still No

required:

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

**Journal Entries**

| <u>Date/Time</u>   | <u>Journal Entry</u>   | <u>Reference</u> | <u>Cost</u> |
|--------------------|--|------------------|-------------|
| Journal Type:      | Action Taken   |                  |             |
| Created by:        | Reviewer 2, Workplace Safety   |                  |             |
| 07 May 18 09:48:00 | DO NOT REPLY TO THIS AUTO GENERATED EMAIL  |                  |             |
|                    | You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR). |                  |             |
|                    | Please complete the required fields in the 'ORANGE' Managers section   |                  |             |
|                    | 1. Provide a thorough investigation of the incident  |                  |             |
|                    | 2. Review Date   |                  |             |
|                    | 3. What control measures have been put in place?   |                  |             |
|                    | For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au   |                  |             |
|                    | Thank you for your assistance.   |                  |             |
|                    | Actioned: Yes  | Mail Sent On:    |             |
|                    | Linked Document Path:  |                  |             |

**Documents**

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED] Related Incident ID:  
First Name: [REDACTED] Surname: [REDACTED]  
Gender: Female Age:  
Date of Birth:  
Contact Number:  
Job Title:  
Is this a Student/Volunteer Incident?:  
Is this a contractor incident?: No Contractor Company:  
Details of Other:  
Has the ACT Health Contractor Induction been completed?: No Induction Date:  
Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: No  
Incident Date: [REDACTED] Incident Time: 12:00  
Notification Date: [REDACTED] Notification Time: 13:12  
Total days to report (days): 0.1 Work Start Time:  
Provide a brief Summary of the incident?: Staff Assault  
Provide more details of the incident?: [REDACTED]  
Incident Outline: Staff member assaulted by consumer.  
Body Part Affected: Front Neck  
Body Part Most Affected: Front Neck  
Has this incident also affected your psychological wellbeing?:  
Has this incident affected your work?: No How much time was lost: Minor injury or illness - no lost time  
Has the incident caused any impacts on service delivery?: No Type of impact:  
Was there any plant/equipment involved?: No  
Provide Details:  
Plant Asset/Serial Number:  
Has a mainet been submitted?: No Mainet Number:  
Mainet Date:  
Treatment Required: No  
Treatment given:  
Details of Other (Treatment):  
Has your HSR been notified?: No  
Is a claim for workers compensation required?: No  
Have medical expenses occurred or likely?: No Value of medical expenses:  
Is a return to work plan required?:  
Details (Return to work):  
What task was being performed at the time of the incident?:  
Incident related to the task?: Yes Do you have experience in performing this task?: No  
Experience (months):  
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No Experience (years):  
Details of Other Training:  
Was personal protective equipment being worn?: No Training recieved:  
Other PPE Details:  
Were there any witnesses?: Yes Details of PPE used: None  
Witness #1 Name: Meenu Rana Witness # 1 Phone: 61745454  
Witness #2 Name: Witness # 2 Phone:  
Witness #3 Name: Witness #3 Phone:  
Does the incident involve claimed Violence/Aggression Type of claimed Violence/Aggression:  
Violence/Aggression/Discrimination or Bullying/Harassment?: Violence/Aggression/Bullying/Harassment/Discrimination:  
Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Physical  
 Discrimination Involved (i.e. source?): Patient/Client/Consumer  
 Alleged form of discrimination:  
 Has this happened before (reoccurrence?): No  
 Name of alleged perpetrator: [REDACTED]  
 Gender of alleged perpetrator: Male  
 Physical Location: Adult Mental Health Unit (AMHU)  
 Employment Status:  
 Hours worked per week:  
 Work Unit: HCNAB  
 Section: Adult Acute Mental Health Services  
 Are you a shift worker?: No  
 How many hours have you worked this shift?:  
 Standard or rotating work:  
 Manager name: Kelly Chase  
 The reporter is: The person affected by the incident

Details of Other:  
 Details of Other (discrimination):  
 Details of Other (alleged form):  
 URN: [REDACTED]  
 Details of other gender:  
 Other hours worked:  
 Division: Mental & Justice Health, Alcohol & Drug Services  
 Sub Section: Adult Mental Health Unit (AMHU)  
 Start time:  
 Intended length of shift:  
 Manager phone: 61745454  
 Reporter's Position: Registered Nurse / Midwife

Reporter's Name: [REDACTED]  
 Details of other (position):  
 Provide a thorough investigation of the incident:  
 [REDACTED]

Who completed the investigation?: Leanne Done  
 Review Date: 21 May 2018

What control measures have been put in place?:  
 [REDACTED] Reporter intended to contact EAP however has not made contact yet. Reporter has been advised to seek EAP assistance [REDACTED]  
 [REDACTED] Reporter states they're ok however I continued to encourage them to seek EAP [REDACTED]

Managers Additional comments:  
 Was there a Dangerous Substance involved in the incident?: No  
 Name of the Dangerous Substance:  
 Is this a WorkSafe ACT Notifiable Incident?: No  
 WorkSafe ACT Notification Date:  
 Name of the person who notified:  
 Name of inspector spoken to:  
 Deceased: No  
 Police Notified?: No  
 Police Notification Date:  
 Name of Officer Notified:  
 De-Identified Information:  
 How much of the Dangerous Substance was involved?:  
 Was the site preserved?: No  
 WorkSafe ACT Notification Method:  
 Persons Position:

Classification

CMD Status: Transfer  
 Mechanism of Incident: GROUP 2 - Being hit by moving objects  
 Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons  
 Outcome: Insignificant  
 Risk Rating: M  
 Potential Risk Rating:  
 Notifiable Incident: No  
 NIR Attached: No  
 Serious Injury or Illness:  
 Dangerous Incident:  
 Investigation/Findings adequate?: Yes

Controls adequate report: Yes  
 Needlestick/sharp/splash/scratch/bite Incident: No  
 Property Management & Maintenance: No  
 Fire/Emergency/Evacuations/Parking/Fleet: No  
 Bio-Medical: No  
 Sterilising: No  
 Significant Incident Level: SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No  
 Is this a Dangerous Substances Related?: No  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or prohibited substance?: No  
 Is there an occupational threshold associated with this substance?: No  
 Does this substance requiring health monitoring?: No

Control hierarchy: Isolation  
 Security Related Incident: No  
 Cleaning/Waste Environmental: No  
 Food Services: No  
 Radiation/Medical Physics: No  
 Infection Control: No  
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

### Significant Incident Details

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities :

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still required: No

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still required: No

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

### Journal Entries

Date/Time

Journal Entry

Reference

518

Cost

Journal Type:

Action Taken

Created by:

Reviewer 3, Workplace Safety

08 May 18 14:34:00

April 16 MANAGER - TO COMPLETE

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6174 8060 workplacesafety@act.gov.au

Actioned: Yes

Mail Sent On:

15 May 18

Linked Document Path:

## Documents

No Attached Documents.

- End of Record -



|   |   |  |
|---|---|--|
| Witness #1 Name:  | Witness # 1 Phone:  |  |
| Witness #2 Name:  | Witness # 2 Phone:  |  |
| Witness #3 Name:  | Witness #3 Phone:   |  |
| Does the incident involve Violence/Aggression/Discrimination or Bullying/Harassment?: | Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: | Violence/Aggression                              |
| Who was involved? (ie. source):   | Details of Other:   |  |
| Form of violence/aggression or bullying/harassment:                                   | Details of Other (discrimination):                                      |  |
| Discrimination Involved (i.e. source)?:   | Details of Other (alleged form):  |  |
| Alleged form of discrimination:   |   |  |
| Has this happened before (reoccurrence)?:   | URN:  |  |
| Name of alleged perpetrator:  | Details of other gender:  |  |
| Gender of alleged perpetrator:  |   |  |
| Physical Location:  |   |  |
| Employment Status:  | Other hours worked:   |  |
| Hours worked per week:  | Division:   | Mental & Justice Health, Alcohol & Drug Services |
| Work Unit:  | Sub Section:  | Adult Mental Health Unit (AMHU)                  |
| Section:  |   |  |
| Are you a shift worker?:  | Start time:   |  |
| How many hours have you worked this shift?:   | Intended length of shift:   |  |
| Standard or rotating work:  | Manager phone:  | 61745406   |
| Manager name:   |   |  |
| The reporter is: The person affected by the incident                                  | Reporter's Position:  | Executive  |
| Reporter's Name:  |   |  |
| Details of other (position):  |   |  |
| Provide a thorough investigation of the incident:                                     |   |  |
|   |   |  |
|   |   |  |
| Who completed the investigation?:   | Review Date:  | 31 May 2018                                      |
| What control measures have been put in place?:  |   |  |
|   |   |  |
|   |   |  |
| Managers Additional comments:   |   |  |
| Was there a Dangerous Substance involved in the incident?:                            | How much of the Dangerous Substance was involved?:                      | No   |
| Name of the Dangerous Substance:  | Was the site preserved?:  | No   |
| Is this a WorkSafe ACT Notifiable Incident?:  | WorkSafe ACT Notification Method:                                       |  |
| WorkSafe ACT Notification Date:   | Persons Position:   |  |
| Name of the person who notified:  |   |  |
| Name of inspector spoken to:  | Police Notification Time:   |  |
| Deceased:   | Police Job Number:  |  |
| Police Notified?:   |   |  |
| Police Notification Date:   |   |  |
| Name of Officer Notified:   |   |  |
| De-Identified Information:  |   |  |

Classification

|                                   |                                       |  |   |
|-----------------------------------|---------------------------------------|--|---|
| CMD Status:                       | Transfer                              | Subcategory of Mechanism of Incident : | 29 Being assaulted by a person or persons |
| Mechanism of Incident:            | GROUP 2 - Being hit by moving objects | Potential Risk Rating:                 | NIR Attached: No                          |
| Outcome:                          | Minor                                 |  |   |
| Risk Rating:                      | M                                     |  |   |
| Notifiable Incident:              | No                                    |  |   |
| Serious Injury or Illness:        |                                       |  |   |
| Dangerous Incident:               |                                       |  |   |
| Investigation/Findings adequate?: | Yes                                   |  |   |
| Controls adequate report:         | Yes                                   | Control hierarchy:                     | Administrative Controls                   |



|  |    |                               |    |
|--|----|-------------------------------|----|
| Needlestick/sharp/splash/scratch/bite Incident:                      | No | Security Related Incident:    | No |
| Property Management & Maintenance:                                   | No | Cleaning/Waste Environmental: | No |
| Fire/Emergency/Evacuations/Parking/Fleet:                            | No | Food Services:                | No |
| Bio-Medical:   | No | Radiation/Medical Physics:    | No |
| Sterilising:   | No | Infection Control:            | No |
| Significant Incident Level:  |    | Significant Incident Type:    |    |
| SI Details:  |    |                               |    |
| Has an Occupational Risk Exposure (ORE) Occurred?:                   | No |                               |    |
| Is this a Dangerous Substances Related?:                             | No | Details of other:             |    |
| What was the nature of the potential Dangerous Substances exposure?: |    | Details:                      |    |
| What was the route of potential exposure?:                           |    | Details Threshold:            |    |
| Is the substance a restricted or prohibited substance?:              | No | Details Monitoring:           |    |
| Is there an occupational threshold associated with this substance?:  | No |                               |    |
| Does this substance requiring health monitoring?:                    | No |                               |    |

### Significant Incident Details

|   |    |                                |
|---|----|--------------------------------|
| Significant Incident Category:                        |    |                                |
| Person Responsible for SI Report:                     |    |                                |
| Initial SI Report:                                    | No |                                |
| Media Interest:                                       | No |                                |
| Complaint by Family/Carer:                            | No |                                |
| Circumstances Likely to evoke service sensitivities : | No |                                |
| Initial SI Comments:                                  |    |                                |
| Initial Report Submitted:                             | No |                                |
| Initial Report Submitted By:                          |    | Date Initial Report Submitted: |
| Interim SI Report:                                    | No |                                |
| Interim Status Update:                                |    |                                |
| Interim Investigation Type:                           |    |                                |
| Interim Clinical Review/Investigation Status:         |    |                                |
| Interim ongoing action still required:                | No |                                |
| Interim SI Comments:                                  |    |                                |
| Interim Report Submitted:                             | No |                                |
| Interim Report Submitted By:                          |    | Date Interim Report Submitted: |
| Final SI Report:                                      | No |                                |
| Final Status Update:                                  |    |                                |
| Final Investigation Type:                             |    |                                |
| Final Clinical Review/Investigation Status:           |    |                                |
| Final ongoing action still required:                  | No |                                |
| Final SI Comments:                                    |    |                                |
| Final Report Submitted:                               | No |                                |
| Final Report Submitted By:                            |    | Date Final Report Submitted:   |

### Journal Entries

Date/Time

Journal Entry

Reference

522

Cost

Journal Type:

Action Taken

Created by:

Reviewer 3, Workplace Safety

16 May 18 17:02:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6174 8060 [workplacesafety@act.gov.au](mailto:workplacesafety@act.gov.au)

Thank you for your assistance.

Actioned: Yes

Mail Sent On:

23 May 18

Linked Document Path:

## Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED] Related Incident ID:  
First Name: [REDACTED] Surname: [REDACTED]  
Gender: Female Age:  
Date of Birth:  
Contact Number:  
Job Title:  
Is this a Student/Volunteer Incident?:  
Is this a contractor incident?: No Contractor Company:  
Details of Other:  
Has the ACT Health Contractor Induction been completed?: No Induction Date:  
Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: No  
Incident Date: [REDACTED] Incident Time: 15:15  
Notification Date: [REDACTED] Notification Time: 16:15  
Total days to report (days): 0 Work Start Time:  
Provide a brief Summary of the incident?: [REDACTED]  
Provide more details of the incident?: [REDACTED]  
Incident Outline: Staff member physically assaulted by consumer.  
Body Part Affected: Front Left ForeFinger  
Front Left Little Finger  
Front Left Middle Finger  
Front Left Palm  
Front Left Ring Finger  
Front Left Thumb  
Front Left Upper Arm  
Front Left Wrist  
Left Front Shoulder  
Body Part Most Affected: Left Front Shoulder  
Has this incident also affected your psychological wellbeing?:  
Has this incident affected your work?: No How much time was lost: No injury or illness - hazardous situation  
Has the incident caused any impacts on service delivery?: No Type of impact:  
Was there any plant/equipment involved?: No  
Provide Details:  
Plant Asset/Serial Number:  
Has a mainet been submitted?: No Mainet Number:  
Mainet Date:  
Treatment Required: No  
Treatment given:  
Details of Other (Treatment):  
Has your HSR been notified?: No  
Is a claim for workers compensation required?: No  
Have medical expenses occurred or likely?: No Value of medical expenses:  
Is a return to work plan required?:  
Details (Return to work):  
What task was being performed at the time of the incident?:  
Incident related to the task?: Yes Do you have experience in performing this task?: No  
Experience (months): Experience (years):  
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No Training recieved:  
Details of Other Training:  
Was personal protective equipment being worn?: No Details of PPE used: None  
Other PPE Details:  
Were there any witnesses?: No  
Witness #1 Name: Witness # 1 Phone:  
Witness #2 Name: Witness # 2 Phone:

Witness #3 Name:  
 Does the incident involve Yes  
 claimed  
 Violence/Aggression/Discriminat  
 ion or Bullying/Harassment?:  
 Who was involved? (ie. source): Patient/Client/Consumer  
 Form of violence/aggression or Physical  
 bullying/harassment:  
 Discrimination Involved (i.e. source?):  
 Alleged form of discrimination:  
 Has this happened before No  
 (reoccurrence?):  
 Name of alleged perpetrator: [REDACTED]  
 Gender of alleged perpetrator: Male  
 Physical Location: Adult Mental Health Unit  
 (AMHU)  
 Employment Status:  
 Hours worked per week:  
 Work Unit: HCNAB  
 Section: Adult Acute Mental Health  
 Services  
 Are you a shift worker?: No  
 How many hours have you  
 worked this shift?:  
 Standard or rotating work:  
 Manager name: Leanne Done  
 The reporter is:: The person affected by the  
 incident  
 Reporter's Name: [REDACTED]  
 Details of other (position):  
 Provide a thorough investigation  
 of the incident:  
 Who completed the Leanne Done  
 investigation?:  
 What control measures have  
 been put in place?:  
 Managers Additional comments:  
 Was there a Dangerous No  
 Substance involved in the  
 incident?:  
 Name of the Dangerous  
 Substance:  
 Is this a WorkSafe ACT No  
 Notifiable Incident?:  
 WorkSafe ACT Notification Date:  
 Name of the person who  
 notified:  
 Name of inspector spoken to:  
 Deceased: No  
 Police Notified?: No  
 Police Notification Date:  
 Name of Officer Notified:  
 De-Identified Information:

Witness #3 Phone:  
 Type of claimed Violence/Aggression  
 Violence/Aggression/Bullying/Ha  
 rassment/Discrimination:  
 Details of Other:  
 Details of Other  
 (discrimination):  
 Details of Other (alleged form):  
 URN: [REDACTED]  
 Details of other gender:  
 Other hours worked:  
 Division: Mental & Justice Health, Alcohol &  
 Drug Services  
 Sub Section: Adult Mental Health Unit (AMHU)  
 Start time:  
 Intended length of shift:  
 Manager phone: 61745454  
 Reporter's Position: Registered Nurse / Midwife  
 Review Date: 21 May 2018  
 AFP contacted, came to  
 unit and interviewed the staff member regarding incident. No aches or pains post the incident.  
 Encouraged to book  
 into next PART refresher training. Encouraged to contact EAP by the medical staff, CNC and ADON.  
 Provided guide on how to access providers. Getting support from peers. Staff states senior nurses  
 are providing good support for staff. Staff member states they're OK.  
 How much of the Dangerous  
 Substance was involved?:  
 Was the site preserved?: No  
 WorkSafe ACT Notification  
 Method:  
 Persons Position:  
 Police Notification Time:  
 Police Job Number:

Classification

CMD Status: Transfer  
 Mechanism of Incident: GROUP 2 - Being hit by moving  
 objects  
 Outcome: Insignificant  
 Risk Rating: M  
 Notifiable Incident: No  
 Serious Injury or Illness:  
 Dangerous Incident:  
 Investigation/Findings Yes  
 adequate?:  
 Controls adequate report: Yes  
 Subcategory of Mechanism of 29 Being assaulted by a person  
 Incident : or persons  
 Potential Risk Rating:  
 NIR Attached: No  
 Control hierarchy: Administrative Controls

Needlestick/sharp/splash/scratch/bite Incident: No  
 Property Management & Maintenance: No  
 Fire/Emergency/Evacuations/Parking/Fleet: No  
 Bio-Medical: No  
 Sterilising: No  
 Significant Incident Level: SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No  
 Is this a Dangerous Substances Related?: No  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or prohibited substance?: No  
 Is there an occupational threshold associated with this substance?: No  
 Does this substance requiring health monitoring?: No

Security Related Incident: No  
 Cleaning/Waste Environmental: No  
 Food Services: No  
 Radiation/Medical Physics: No  
 Infection Control: No  
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

### Significant Incident Details

Significant Incident Category:  
 Person Responsible for SI Report:  
 Initial SI Report: No  
 Media Interest: No  
 Complaint by Family/Carer: No  
 Circumstances Likely to evoke service sensitivities :  
 Initial SI Comments:  
 Initial Report Submitted: No  
 Initial Report Submitted By:  
 Interim SI Report: No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical Review/Investigation Status:  
 Interim ongoing action still required: No  
 Interim SI Comments:  
 Interim Report Submitted: No  
 Interim Report Submitted By:  
 Final SI Report: No  
 Final Status Update:  
 Final Investigation Type:  
 Final Clinical Review/Investigation Status:  
 Final ongoing action still required: No  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By:

Date Initial Report Submitted:

Date Interim Report Submitted:

Date Final Report Submitted:

### Journal Entries

Date/Time

Journal Entry

Reference

526

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

18 May 18 11:15:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6205 0888 [workplacesafety@act.gov.au](mailto:workplacesafety@act.gov.au)

Thank you for your assistance.

Actioned: Yes

Mail Sent On:

Linked Document Path:

## Documents

No Attached Documents.

- End of Record -

Staff Incident ID: 752163

AGS/ ID Number: [Redacted]

First Name: [Redacted]

Gender: Female

Date of Birth: [Redacted]

Contact Number: [Redacted]

Job Title: [Redacted]

Is this a Student/Volunteer Incident?:

Is this a contractor incident?: No

Details of Other:

Has the ACT Health Contractor Induction been completed?: No

Incident Type (Hazard, Incident): Incident

Incident Date: [Redacted]

Notification Date: [Redacted]

Total days to report (days): 0

Provide a brief Summary of the incident?: Consumer grabbed authors arm, and slapped arm in attempt to take the consumer phone

Provide more details of the incident?: [Redacted]

Incident Outline: Staff member physically assaulted by consumer.

Body Part Affected: Front Right Lower Arm

Body Part Most Affected: Front Right Lower Arm

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: No

Has the incident caused any impacts on service delivery?: No

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No

Is a return to work plan required?:

Details (Return to work):

What task was being performed at the time of the incident?:

Incident related to the task?: No

Experience (months):

Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No

Details of Other Training:

Was personal protective equipment being worn?: No

Other PPE Details:

Were there any witnesses?: No

Witness #1 Name:

Witness #2 Name:

Witness #3 Name:

Related Incident ID:

Surname: [Redacted]

Age:

Contractor Company:

Induction Date:

Has a staff injury been sustained?: No

Incident Time: 20:15

Notification Time: 21:01

Work Start Time:

How much time was lost: No injury or illness - hazardous situation

Type of impact:

Mainet Number:

Value of medical expenses:

Do you have experience in performing this task?: No

Experience (years):

Training recieved:

Details of PPE used: None

Witness # 1 Phone:

Witness # 2 Phone:

Witness #3 Phone:

Does the incident involve Violence/Aggression/Discrimination or Bullying/Harassment?: Yes claimed

Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Physical

Discrimination Involved (i.e. source)?:

Alleged form of discrimination: No

Has this happened before (reoccurrence)?:

Name of alleged perpetrator: [Redacted]

Gender of alleged perpetrator: Female

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status:

Hours worked per week:

Work Unit: HCNAB

Section: Adult Acute Mental Health Services

Are you a shift worker?: No

How many hours have you worked this shift?:

Standard or rotating work:

Manager name: Kelly Chase

The reporter is: The person affected by the incident

Reporter's Name: [Redacted]

Details of other (position):

Provide a thorough investigation of the incident: [Redacted]

Who completed the investigation?: Leanne Done

What control measures have been put in place?: Attempted to contact staff member, left message, will continue to attempt to make contact. No need for first aid. Well supported by team during and post event. No time lost from work, offered EAP declined. No stated effects post the incident.

Managers Additional comments:

Was there a Dangerous Substance involved in the incident?: No

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident?: No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression

Details of Other:

Details of Other (discrimination):

Details of Other (alleged form):

URN: [Redacted]

Details of other gender:

Other hours worked:

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Adult Mental Health Unit (AMHU)

Start time:

Intended length of shift:

Manager phone: 45444

Reporter's Position: Registered Nurse / Midwife

Review Date: 21 May 2018

How much of the Dangerous Substance was involved?:

Was the site preserved?: No

WorkSafe ACT Notification Method:

Persons Position:

Police Notification Time:

Police Job Number:

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects

Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons

Outcome: Insignificant

Risk Rating: M

Potential Risk Rating:

Notifiable Incident: No

NIR Attached: No

Serious Injury or Illness: Dangerous Incident:

Investigation/Findings adequate?: Yes

Controls adequate report: Yes

Control hierarchy: Administrative Controls

Needlestick/sharp/splash/splash/bite Incident: No

Security Related Incident: No

Property Management & Maintenance: No

Cleaning/Waste Environmental: No



Fire/Emergency/Evacuations/Parking/Fleet: No  
 Bio-Medical: No  
 Sterilising: No  
 Significant Incident Level: SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No  
 Is this a Dangerous Substances Related?: No  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or prohibited substance?: No  
 Is there an occupational threshold associated with this substance?: No  
 Does this substance requiring health monitoring?: No

Food Services: No  
 Radiation/Medical Physics: No  
 Infection Control: No  
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

**Significant Incident Details**

Significant Incident Category:  
 Person Responsible for SI Report:  
 Initial SI Report: No  
 Media Interest: No  
 Complaint by Family/Carer: No  
 Circumstances Likely to evoke service sensitivities : No  
 Initial SI Comments:  
 Initial Report Submitted: No  
 Initial Report Submitted By:  
 Interim SI Report: No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical Review/Investigation Status:  
 Interim ongoing action still required: No  
 Interim SI Comments:  
 Interim Report Submitted: No  
 Interim Report Submitted By:  
 Final SI Report: No  
 Final Status Update:  
 Final Investigation Type:  
 Final Clinical Review/Investigation Status:  
 Final ongoing action still required: No  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By:

Date Initial Report Submitted:

Date Interim Report Submitted:

Date Final Report Submitted:

**Journal Entries**

Date/Time

Journal Entry

Reference

530

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

21 May 18 08:18:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6205 0888 [workplacesafety@act.gov.au](mailto:workplacesafety@act.gov.au)

Thank you for your assistance.

Actioned: Yes

Linked Document Path:

Mail Sent On:

28 May 18

## Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED] Related Incident ID: [REDACTED]  
First Name: [REDACTED] Surname: [REDACTED]  
Gender: Female  
Date of Birth: [REDACTED] Age: [REDACTED]  
Contact Number: [REDACTED]  
Job Title: [REDACTED]  
Is this a Student/Volunteer Incident?:  
Is this a contractor incident?: No Contractor Company:  
Details of Other:  
Has the ACT Health Contractor Induction Date:  
Induction been completed?: No  
Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: No  
Incident Date: [REDACTED] Incident Time: 18:34  
Notification Date: [REDACTED] Notification Time: 18:50  
Total days to report (days): 0 Work Start Time: 12:00  
Provide a brief Summary of the incident?: [REDACTED]  
Provide more details of the incident?: [REDACTED]  
Incident Outline: Consumer made verbal threats over telephone.  
Body Part Affected: None  
Body Part Most Affected: None  
Has this incident also affected your psychological wellbeing?:  
Has this incident affected your work?: Yes How much time was lost: Less than a full day of work was lost  
Has the incident caused any impacts on service delivery?: No Type of impact:  
Was there any plant/equipment involved?: No  
Provide Details:  
Plant Asset/Serial Number:  
Has a mainet been submitted?: No Mainet Number:  
Mainet Date:  
Treatment Required: No  
Treatment given:  
Details of Other (Treatment):  
Has your HSR been notified?: No  
Is a claim for workers compensation required?: No  
Have medical expenses ocured or likely?: No Value of medical expenses:  
Is a return to work plan required?: No  
Details (Return to work):  
What task was being performed at the time of the incident?: Phone call  
Incident related to the task?: Yes Do you have experience in performing this task?: Yes  
Experience (months): 1 Experience (years):  
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: Yes Training recieved: Vocational/task-specific training  
Details of Other Training:  
Was personal protective equipment being worn?: Not Applicable Details of PPE used: None  
Other PPE Details:  
Were there any witnesses?: No  
Witness #1 Name: Witness # 1 Phone:  
Witness #2 Name: Witness # 2 Phone:  
Witness #3 Name: Witness #3 Phone:  
Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes Type of claimed Violence/Aggression/Discrimination: Violence/Aggression  
Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Verbal  
 Discrimination Involved (i.e. source?): Patient/Client/Consumer  
 Alleged form of discrimination: Details of Other:  
 Has this happened before (reoccurrence?): Yes  
 Name of alleged perpetrator: [REDACTED] URN: [REDACTED]  
 Gender of alleged perpetrator: Male Details of other gender:  
 Physical Location: Adult Mental Health Unit (AMHU)  
 Employment Status: Temporary Full-Time  
 Hours worked per week: 36 Hrs 45 Mins Other hours worked:  
 Work Unit: HCNAB Division: Mental & Justice Health, Alcohol & Drug Services  
 Section: Adult Acute Mental Health Services Sub Section: Adult Mental Health Unit (AMHU)  
 Are you a shift worker?: Yes  
 How many hours have you worked this shift?: 7 Start time:  
 Standard or rotating work: Component or rotating shift work arrangement Intended length of shift: Shift duration of up to and including 8 hrs  
 Manager name: Tessa Sealey Manager phone: 61745404  
 The reporter is: The person affected by the incident  
 Reporter's Name: [REDACTED] Reporter's Position: Administrative Officer  
 Details of other (position):  
 Provide a thorough investigation of the incident: Staff member was followed up with on their next rostered shift. One on one debrief occurred between myself and the staff member - EAP was offered.  
 Who completed the investigation?: Tessa Sealey Review Date: 18 July 2018  
 What control measures have been put in place?: Strategies have been provided to admin staff on how to manage nuisance or aggressive calls, including communication with community team. The Admin team have completed CARM - Managing Telephone Aggression Training on 5 April 2018.  
 Managers Additional comments:  
 Was there a Dangerous Substance involved in the incident?: No  
 Name of the Dangerous Substance:  
 Is this a WorkSafe ACT Notifiable Incident?: No  
 WorkSafe ACT Notification Date:  
 Name of the person who notified:  
 Name of inspector spoken to:  
 Deceased: No  
 Police Notified?: No  
 Police Notification Date:  
 Name of Officer Notified:  
 De-Identified Information:

Classification

CMD Status: Transfer  
 Mechanism of Incident: GROUP 8 - Mental stress Subcategory of Mechanism of Incident : 82 Exposure to workplace or occupational violence  
 Outcome: Moderate  
 Risk Rating: M Potential Risk Rating:  
 Notifiable Incident: No NIR Attached: No  
 Serious Injury or Illness:  
 Dangerous Incident:  
 Investigation/Findings adequate?: Yes  
 Controls adequate report: Yes Control hierarchy: Administrative Controls  
 Needlestick/sharp/splash/scratch/bite Incident: No Security Related Incident: No  
 Property Management & Maintenance: No Cleaning/Waste Environmental: No  
 Fire/Emergency/Evacuations/Parking/Fleet: No Food Services: No  
 Bio-Medical: No Radiation/Medical Physics: No  
 Sterilising: No Infection Control: No  
 Significant Incident Level: Significant Incident Type:  
 SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No

Is this a Dangerous Substances No  
 Related?:  
 What was the nature of the  
 potential Dangerous Substances  
 exposure?:  
 What was the route of potential  
 exposure?:  
 Is the substance a restricted or No  
 prohibited substance?:  
 Is there an occupational No  
 threshold associated with this  
 substance?:  
 Does this substance requiring No  
 health monitoring?:

Details of other:  
 Details:  
 Details Threshold:  
 Details Monitoring:

**Significant Incident Details**

Significant Incident Category:  
 Person Responsible for SI  
 Report:  
 Initial SI Report: No  
 Media Interest: No  
 Complaint by Family/Carer: No  
 Circumstances Likely to evoke No  
 service sensitivities :  
 Initial SI Comments:  
 Initial Report Submitted: No  
 Initial Report Submitted By:  
 Interim SI Report: No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical  
 Review/Investigation Status:  
 Interim ongoing action still No  
 required:  
 Interim SI Comments:  
 Interim Report Submitted: No  
 Interim Report Submitted By:  
 Final SI Report: No  
 Final Status Update:  
 Final Investigation Type:  
 Final Clinical  
 Review/Investigation Status:  
 Final ongoing action still No  
 required:  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By:

Date Initial Report Submitted:  
 Date Interim Report Submitted:  
 Date Final Report Submitted:

**Journal Entries**

| <u>Date/Time</u>   | <u>Journal Entry</u>   | <u>Reference</u> | <u>Cost</u> |
|--------------------|--|------------------|-------------|
| Journal Type:      | Action Taken   |                  |             |
| Created by:        | Reviewer 2, Workplace Safety   |                  |             |
| 21 May 18 09:09:00 | DO NOT REPLY TO THIS AUTO GENERATED EMAIL  |                  |             |
|                    | You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR). |                  |             |
|                    | Please complete the required fields in the 'ORANGE' Managers section   |                  |             |
|                    | 1. Provide a thorough investigation of the incident  |                  |             |
|                    | 2. Review Date   |                  |             |
|                    | 3. What control measures have been put in place?   |                  |             |
|                    | For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au   |                  |             |
|                    | Thank you for your assistance.   |                  |             |
|                    | Actioned: Yes  | Mail Sent On:    | 28 May 18   |
|                    | Linked Document Path:  |                  |             |

**Documents**

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED] Related Incident ID:  
First Name: [REDACTED] Surname: [REDACTED]  
Gender: Male  
Date of Birth: [REDACTED] Age: [REDACTED]  
Contact Number: [REDACTED]  
Job Title: Registered Nurse  
Is this a Student/Volunteer Incident?:  
Is this a contractor incident?: No Contractor Company:  
Details of Other:  
Has the ACT Health Contractor Induction Date:  
Induction been completed?: No  
Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: No  
Incident Date: [REDACTED] Incident Time: 13:50  
Notification Date: [REDACTED] Notification Time: 17:50  
Total days to report (days): 0.2 Work Start Time:  
Provide a brief Summary of the incident?: [REDACTED] consumer assaulted Author  
Provide more details of the incident?: [REDACTED]  
Incident Outline: Staff member physically assaulted by consumer.  
Body Part Affected: Back Left Upper Arm  
Left Back Shoulder  
Upper Back Left  
Body Part Most Affected: Left Back Shoulder  
Has this incident also affected your psychological wellbeing?:  
Has this incident affected your work?: No How much time was lost: No injury or illness - hazardous situation  
Has the incident caused any impacts on service delivery?: No Type of impact:  
Was there any plant/equipment involved?: No  
Provide Details:  
Plant Asset/Serial Number:  
Has a mainet been submitted?: No Mainet Number:  
Mainet Date:  
Treatment Required: No  
Treatment given:  
Details of Other (Treatment):  
Has your HSR been notified?: No  
Is a claim for workers compensation required?: No  
Have medical expenses occurred or likely?: No Value of medical expenses:  
Is a return to work plan required?: Not Applicable  
Details (Return to work):  
What task was being performed at the time of the incident?: PART trained techniques, verbal de-escalation  
Incident related to the task?: Yes Do you have experience in performing this task?: No  
Experience (months):  
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No Experience (years):  
Details of Other Training: Training recieved:  
Was personal protective equipment being worn?: Yes Details of PPE used: Other  
Other PPE Details: Duress Alarm  
Were there any witnesses?: Yes  
Witness #1 Name: Kirsten Witness # 1 Phone:  
Witness #2 Name: Kerry Witness # 2 Phone:  
Witness #3 Name: Witness #3 Phone:

Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes

Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Physical

Discrimination Involved (i.e. source?): Patient/Client/Consumer

Alleged form of discrimination: (reoccurrence?): Yes

Name of alleged perpetrator: [Redacted]

Gender of alleged perpetrator: Male

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status: [Redacted]

Hours worked per week: [Redacted]

Work Unit: HCNAB

Section: Adult Acute Mental Health Services

Are you a shift worker?: Yes

How many hours have you worked this shift?: 8

Standard or rotating work: Shift rotation not known

Manager name: Leanne Done

The reporter is: The person affected by the incident

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression/Bullying/Harassment/Discrimination

Details of Other:

Details of Other (discrimination):

Details of Other (alleged form):

URN: [Redacted]

Details of other gender:

Other hours worked:

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Adult Mental Health Unit (AMHU)

Start time:

Intended length of shift:

Manager phone: 0261745406

Reporter's Name: [Redacted] Reporter's Position: Registered Nurse / Midwife

Details of other (position): [Redacted]

Provide a thorough investigation of the incident: [Redacted]

Who completed the investigation?: Leanne Done Review Date: 25 May 2018

What control measures have been put in place?: Contacted staff member by email as currently on Night duty to arrange an appointment to discuss SAIR. No first aid required, do not recall taking paracetamol, no ongoing issues with injury site. No time lost from work. AFP not contacted, encouraged to contact AFP for all assaults. Offered EAP, does not want to seek EAP. Encourage to utilise SAIR and Riskman attend. Operational Director aware. [Redacted]

Managers Additional comments:

Was there a Dangerous Substance involved in the incident?: No

Name of the Dangerous Substance: [Redacted]

Is this a WorkSafe ACT Notifiable Incident?: No

How much of the Dangerous Substance was involved?: [Redacted]

Was the site preserved?: No

WorkSafe ACT Notification Date: [Redacted]

Name of the person who notified: [Redacted]

WorkSafe ACT Notification Method: [Redacted]

Persons Position: [Redacted]

Name of inspector spoken to: [Redacted]

Deceased: No

Police Notified?: No

Police Notification Date: [Redacted]

Name of Officer Notified: [Redacted]

De-Identified Information: [Redacted]

Police Notification Time: [Redacted]

Police Job Number: [Redacted]

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects  
 Outcome: Minor  
 Risk Rating: M  
 Notifiable Incident: No  
 Serious Injury or Illness: Dangerous Incident:  
 Investigation/Findings adequate?: Yes  
 Controls adequate report: Yes  
 Needlestick/sharp/splash/scratch/bite Incident: No  
 Property Management & Maintenance: No  
 Fire/Emergency/Evacuations/Parking/Fleet: No  
 Bio-Medical: No  
 Sterilising: No  
 Significant Incident Level: SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No  
 Is this a Dangerous Substances Related?: No  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or prohibited substance?: No  
 Is there an occupational threshold associated with this substance?: No  
 Does this substance requiring health monitoring?: No

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons  
 Potential Risk Rating:  
 NIR Attached: No  
 Control hierarchy: Administrative Controls  
 Security Related Incident: No  
 Cleaning/Waste Environmental: No  
 Food Services: No  
 Radiation/Medical Physics: No  
 Infection Control: No  
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

**Significant Incident Details**

Significant Incident Category:  
 Person Responsible for SI Report:  
 Initial SI Report: No  
 Media Interest: No  
 Complaint by Family/Carer: No  
 Circumstances Likely to evoke service sensitivities :  
 Initial SI Comments:  
 Initial Report Submitted: No  
 Initial Report Submitted By: Date Initial Report Submitted:  
 Interim SI Report: No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical Review/Investigation Status:  
 Interim ongoing action still required: No  
 Interim SI Comments:  
 Interim Report Submitted: No  
 Interim Report Submitted By: Date Interim Report Submitted:  
 Final SI Report: No  
 Final Status Update:  
 Final Investigation Type:  
 Final Clinical Review/Investigation Status:  
 Final ongoing action still required: No  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By: Date Final Report Submitted:

**Journal Entries**



Date/Time

Journal Entry

Reference

537

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

25 May 18 09:09:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au

Thank you for your assistance.

Actioned: Yes

Mail Sent On: 01 Jun 18

Linked Document Path:

Journal Type:

General Comments

Created by:

MHJHADS, Unit Manager Adult Mental Health Unit (AMHU)

25 May 18 11:24:00

[REDACTED], thank you for your Riskman. Did you require medical follow up? If you require support at any time please speak to the senior team and or call EAP.

[REDACTED]

Thanks, Helen

Actioned: Yes

Mail Sent On:

Linked Document Path:

**Documents**

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED] Related Incident ID:  
First Name: [REDACTED] Surname: [REDACTED]  
Gender: Female  
Date of Birth: [REDACTED] Age: [REDACTED]  
Contact Number: [REDACTED]  
Job Title: Endorsed Enrolled Nurse  
Is this a Student/Volunteer Incident?:  
Is this a contractor incident?: No Contractor Company:  
Details of Other:  
Has the ACT Health Contractor Induction Date:  
Induction been completed?: No  
Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: No  
Incident Date: [REDACTED] Incident Time: 12:45  
Notification Date: [REDACTED] Notification Time: 14:21  
Total days to report (days): 0.1 Work Start Time: 07:00  
Provide a brief Summary of the incident?: Was walking patient back onto the unit and patient became agitated and physically/verbally assaulted nurse.  
Provide more details of the incident?: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
Incident Outline: Staff member verbally and physically assaulted by patient.  
Body Part Affected: Front Left Upper Arm  
Left Toes  
Body Part Most Affected: Left Toes  
Has this incident also affected your psychological wellbeing?:  
Has this incident affected your work?: No How much time was lost: No injury or illness - hazardous situation  
Has the incident caused any impacts on service delivery?: No Type of impact:  
Was there any plant/equipment involved?: No  
Provide Details:  
Plant Asset/Serial Number:  
Has a mainet been submitted?: No Mainet Number:  
Mainet Date:  
Treatment Required: No  
Treatment given:  
Details of Other (Treatment):  
Has your HSR been notified?: No  
Is a claim for workers compensation required?: No  
Have medical expenses occurred or likely?: No Value of medical expenses:  
Is a return to work plan required?:  
Details (Return to work):  
What task was being performed at the time of the incident?:  
Incident related to the task?: No Do you have experience in performing this task?: No  
Experience (months): Experience (years):  
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No Training recieved:  
Details of Other Training:  
Was personal protective equipment being worn?: Not Applicable Details of PPE used: None  
Other PPE Details:  
Were there any witnesses?: No  
Witness #1 Name: Witness # 1 Phone:  
Witness #2 Name: Witness # 2 Phone:  
Witness #3 Name: Witness #3 Phone:  
Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes Type of claimed Violence/Aggression/Discrimination: Violence/Aggression/Bullying/Harassment/Discrimination:  
Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Physical  
 Discrimination Involved (i.e. source)?:  
 Alleged form of discrimination:  
 Has this happened before (reoccurrence)? No  
 Name of alleged perpetrator: [REDACTED]  
 Gender of alleged perpetrator: Female  
 Physical Location: Adult Mental Health Unit (AMHU)  
 Employment Status:  
 Hours worked per week:  
 Work Unit: HCNAB  
 Section: Adult Acute Mental Health Services  
 Are you a shift worker?: Yes  
 How many hours have you worked this shift?: 7  
 Standard or rotating work: Shift rotation not known  
 Manager name: Leanne Done  
 The reporter is: The person affected by the incident  
 Reporter's Name: [REDACTED]  
 Details of other (position):  
 Provide a thorough investigation of the incident: Staff member spoken to briefly to determine if they were OK. Asked to meet at a later time that was more convenient, however did not occur. Staff member now no longer works at AMHU. Message left to contact ADON asap to complete report.  
 Who completed the investigation?: Leanne Done  
 What control measures have been put in place?: Staff wellbeing checked briefly - continuing follow up required.  
 Managers Additional comments:  
 Was there a Dangerous Substance involved in the incident?: No  
 Name of the Dangerous Substance:  
 Is this a WorkSafe ACT Notifiable Incident?: No  
 WorkSafe ACT Notification Date:  
 Name of the person who notified:  
 Name of inspector spoken to:  
 Deceased: No  
 Police Notified?: No  
 Police Notification Date:  
 Name of Officer Notified:  
 De-Identified Information:

Details of Other:  
 Details of Other (discrimination):  
 Details of Other (alleged form):  
 URN:  
 Details of other gender:  
 Other hours worked:  
 Division: Mental & Justice Health, Alcohol & Drug Services  
 Sub Section: Adult Mental Health Unit (AMHU)  
 Start time:  
 Intended length of shift: Shift duration of up to and including 8 hrs  
 Manager phone: 0261745454  
 Reporter's Position: Enrolled Nurse  
 Review Date: 18 June 2018

How much of the Dangerous Substance was involved?:  
 Was the site preserved?: No  
 WorkSafe ACT Notification Method:  
 Persons Position:  
 Police Notification Time:  
 Police Job Number:

Classification

CMD Status: Transfer  
 Mechanism of Incident: GROUP 2 - Being hit by moving objects  
 Outcome: Insignificant  
 Risk Rating: M  
 Notifiable Incident: No  
 Serious Injury or Illness:  
 Dangerous Incident:  
 Investigation/Findings adequate?: Yes  
 Controls adequate report: No  
 Needlestick/sharp/splash/splash/bite Incident: No  
 Property Management & Maintenance: No  
 Fire/Emergency/Evacuations/Parking/Fleet: No  
 Bio-Medical: No  
 Sterilising: No  
 Significant Incident Level:  
 SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons  
 Potential Risk Rating:  
 NIR Attached: No  
 Control hierarchy:  
 Security Related Incident: No  
 Cleaning/Waste Environmental: No  
 Food Services: No  
 Radiation/Medical Physics: No  
 Infection Control: No  
 Significant Incident Type:

Is this a Dangerous Substances No  
 Related?:  
 What was the nature of the  
 potential Dangerous Substances  
 exposure?:  
 What was the route of potential  
 exposure?:  
 Is the substance a restricted or No  
 prohibited substance?:  
 Is there an occupational No  
 threshold associated with this  
 substance?:  
 Does this substance requiring No  
 health monitoring?:

Details of other:  
 Details:  
 Details Threshold:  
 Details Monitoring:

**Significant Incident Details**

Significant Incident Category:  
 Person Responsible for SI  
 Report:  
 Initial SI Report: No  
 Media Interest: No  
 Complaint by Family/Carer: No  
 Circumstances Likely to evoke No  
 service sensitivities :  
 Initial SI Comments:  
 Initial Report Submitted: No  
 Initial Report Submitted By:  
 Interim SI Report: No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical  
 Review/Investigation Status:  
 Interim ongoing action still No  
 required:  
 Interim SI Comments:  
 Interim Report Submitted: No  
 Interim Report Submitted By:  
 Final SI Report: No  
 Final Status Update:  
 Final Investigation Type:  
 Final Clinical  
 Review/Investigation Status:  
 Final ongoing action still No  
 required:  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By:

Date Initial Report Submitted:  
 Date Interim Report Submitted:  
 Date Final Report Submitted:

**Journal Entries**

| <u>Date/Time</u>                  | <u>Journal Entry</u>   | <u>Reference</u> | <u>Cost</u> |
|-----------------------------------|--|------------------|-------------|
| Journal Type:                     | Action Taken   |                  |             |
| Created by:<br>29 May 18 11:50:00 | Reviewer 2, Workplace Safety<br>DO NOT REPLY TO THIS AUTO GENERATED EMAIL  |                  |             |
|                                   | You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).   |                  |             |
|                                   | Please complete the required fields in the 'ORANGE' Managers section   |                  |             |
|                                   | 1. Provide a thorough investigation of the incident<br>2. Review Date<br>3. What control measures have been put in place?                                      |                  |             |
|                                   | For additional advice please contact the Workplace Safety support line on 6205 0888 <a href="mailto:workplacesafety@act.gov.au">workplacesafety@act.gov.au</a> |                  |             |
|                                   | Thank you for your assistance.   |                  |             |
|                                   | Actioned: No   | Mail Sent On:    | 05 Jun 18   |
|                                   | Linked Document Path:  |                  |             |

**Documents**

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED]  
First Name: [REDACTED]  
Gender: Female  
Date of Birth: [REDACTED]  
Contact Number: [REDACTED]  
Job Title: Registered Nurse - Level 1

Related Incident ID:  
Surname: [REDACTED]  
Age: [REDACTED]

Is this a Student/Volunteer Incident?:  
Is this a contractor incident?: No

Contractor Company:

Details of Other:  
Has the ACT Health Contractor Induction been completed?: No

Induction Date:

Incident Type (Hazard, Incident): Incident

Has a staff injury been sustained?: Yes

Incident Date: [REDACTED]  
Notification Date: [REDACTED]

Incident Time: 19:12  
Notification Time: 19:16  
Work Start Time: 13:00

Total days to report (days): 0

Provide a brief Summary of the incident?: Physical aggression from consumer towards staff member

Provide more details of the incident?: [REDACTED]

Incident Outline: Staff member assaulted by consumer.

Body Part Affected: Front Left Upper Arm

Body Part Most Affected: Front Left Upper Arm

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: No

How much time was lost: Minor injury or illness - no lost time

Has the incident caused any impacts on service delivery?:

Type of impact:

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Mainet Number:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No

Value of medical expenses:

Is a return to work plan required?: No

Details (Return to work): [REDACTED]

What task was being performed at the time of the incident?: [REDACTED]

Incident related to the task?: No

Do you have experience in performing this task?: No

Experience (months):

Experience (years):

Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No

Training recieved:

Details of Other Training:

Was personal protective equipment being worn?: Not Applicable

Details of PPE used: None

Other PPE Details:

Were there any witnesses?: Yes

Witness #1 Name: Nakita Nott

Witness # 1 Phone: 61745454

Witness #2 Name: Mark Morley

Witness # 2 Phone: 61745454

Witness #3 Name:

Witness #3 Phone:

Does the incident involve claimed

Type of claimed Violence/Aggression

Violence/Aggression/Discrimination or Bullying/Harassment?:

Violence/Aggression/Bullying/Harassment/Discrimination:

Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Physical  
 Discrimination Involved (i.e. source)?:  
 Alleged form of discrimination:  
 Has this happened before (reoccurrence)? No  
 Name of alleged perpetrator: [REDACTED]  
 Gender of alleged perpetrator: Male  
 Physical Location: Adult Mental Health Unit (AMHU)  
 Employment Status: Permanent Full-Time  
 Hours worked per week: 36 Hrs 45 Mins  
 Work Unit: HCNAB  
 Section: Adult Acute Mental Health Services  
 Are you a shift worker?: Yes  
 How many hours have you worked this shift?: 5  
 Standard or rotating work: Shift rotation not known  
 Manager name: Kelly Chase  
 The reporter is: The person affected by the incident  
 Reporter's Name: [REDACTED]

Details of Other:  
 Details of Other (discrimination):  
 Details of Other (alleged form):  
 URN: [REDACTED]  
 Details of other gender:  
 Other hours worked:  
 Division: Mental & Justice Health, Alcohol & Drug Services  
 Sub Section: Adult Mental Health Unit (AMHU)  
 Start time:  
 Intended length of shift: Shift duration of up to and including 8 hrs  
 Manager phone: 6174545  
 Reporter's Position: Registered Nurse / Midwife

Details of other (position):  
 Provide a thorough investigation of the incident:  
 [REDACTED]

Who completed the investigation?: Leanne Done Review Date: 7 June 2018

What control measures have been put in place?: No notable injuries noted at the time or later, no first aid required. AFP contacted - advised to put job number in notes from now on. EAP offered, unlikely to need at this point, Feels well supported by staff and not very significant.  
 [REDACTED]

Managers Additional comments:

Was there a Dangerous Substance involved in the incident?: No

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident?: No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

How much of the Dangerous Substance was involved?:  
 Was the site preserved?: No

WorkSafe ACT Notification Method:  
 Persons Position:

Police Notification Time:  
 Police Job Number:

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects

Outcome: Minor

Risk Rating: M

Notifiable Incident: No

Serious Injury or Illness:

Dangerous Incident:

Investigation/Findings adequate?: Yes

Controls adequate report: Yes

Needlestick/sharp/splash/scratches/bite Incident: No

Property Management & Maintenance: No

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons

Potential Risk Rating:  
 NIR Attached: No

Control hierarchy: Administrative Controls  
 Security Related Incident: No

Cleaning/Waste Environmental: No

Fire/Emergency/Evacuations/Parking/Fleet: No  
 Bio-Medical: No  
 Sterilising: No  
 Significant Incident Level:  
 SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No  
 Is this a Dangerous Substances Related?: No  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or prohibited substance?: No  
 Is there an occupational threshold associated with this substance?: No  
 Does this substance requiring health monitoring?: No

Food Services: No  
 Radiation/Medical Physics: No  
 Infection Control: No  
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

### Significant Incident Details

Significant Incident Category:  
 Person Responsible for SI Report:  
 Initial SI Report: No  
 Media Interest: No  
 Complaint by Family/Carer: No  
 Circumstances Likely to evoke service sensitivities : No  
 Initial SI Comments:  
 Initial Report Submitted: No  
 Initial Report Submitted By:  
 Interim SI Report: No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical Review/Investigation Status:  
 Interim ongoing action still required: No  
 Interim SI Comments:  
 Interim Report Submitted: No  
 Interim Report Submitted By:  
 Final SI Report: No  
 Final Status Update:  
 Final Investigation Type:  
 Final Clinical Review/Investigation Status:  
 Final ongoing action still required: No  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By:

Date Initial Report Submitted:

Date Interim Report Submitted:

Date Final Report Submitted:

### Journal Entries

Date/Time

Journal Entry

Reference

544

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

29 May 18 09:58:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6205 0888 [workplacesafety@act.gov.au](mailto:workplacesafety@act.gov.au)

Thank you for your assistance.

Actioned: Yes

Linked Document Path:

Mail Sent On: 05 Jun 18

## Documents

No Attached Documents.

- End of Record -



AGS/ ID Number: [Redacted]  
First Name: [Redacted]  
Gender: Female  
Date of Birth: [Redacted]  
Contact Number:  
Job Title:

Related Incident ID:  
Surname: [Redacted]  
Age: [Redacted]

Is this a Student/Volunteer Incident?:  
Is this a contractor incident?: No  
Details of Other:

Contractor Company:

Has the ACT Health Contractor Induction been completed?: No  
Incident Type (Hazard, Incident): Incident  
Incident Date: [Redacted]  
Notification Date: [Redacted]  
Total days to report (days): 0.1

Induction Date:  
Has a staff injury been sustained?: No  
Incident Time: 14:00  
Notification Time: 15:30  
Work Start Time:

Provide a brief Summary of the incident?: [Redacted]

Provide more details of the incident?: [Redacted]

[Redacted]

Incident Outline: Staff member physically assaulted by consumer.

Body Part Affected: Front Left Foot  
Front Right Foot  
Left Toes  
Right Toes  
Body Part Most Affected: Right Toes

Has this incident also affected your psychological wellbeing?:  
Has this incident affected your work?: No  
Has the incident caused any impacts on service delivery?: No  
Was there any plant/equipment involved?: No  
Provide Details:

How much time was lost: Minor injury or illness - no lost time  
Type of impact:

Plant Asset/Serial Number:  
Has a mainet been submitted?: No  
Mainet Date:  
Treatment Required: No  
Treatment given:

Mainet Number:

Details of Other (Treatment):  
Has your HSR been notified?: No  
Is a claim for workers compensation required?: No  
Have medical expenses occurred or likely?: No  
Is a return to work plan required?:

Value of medical expenses:

Details (Return to work):  
What task was being performed at the time of the incident?:  
Incident related to the task?: Yes

Do you have experience in performing this task?: No  
Experience (years):  
Training recieved:

Experience (months):  
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No  
Details of Other Training:

Was personal protective equipment being worn?: Not Applicable  
Other PPE Details:

Details of PPE used: None

Were there any witnesses?: Yes  
Witness #1 Name: Zivanai matiyenga  
Witness #2 Name:

Witness # 1 Phone: 61745445  
Witness # 2 Phone:

Witness #3 Name:  
 Does the incident involve Violence/Aggression/Discrimination or Bullying/Harassment?: Yes claimed  
 Who was involved? (ie. source): Patient/Client/Consumer  
 Form of violence/aggression or bullying/harassment: Physical  
 Discrimination Involved (i.e. source)?:  
 Alleged form of discrimination:  
 Has this happened before (reoccurrence?): No  
 Name of alleged perpetrator: [Redacted]  
 Gender of alleged perpetrator: Male  
 Physical Location: Adult Mental Health Unit (AMHU)  
 Employment Status:  
 Hours worked per week:  
 Work Unit: HCNAB  
 Section: Adult Acute Mental Health Services  
 Are you a shift worker?: Yes  
 How many hours have you worked this shift?: 8  
 Standard or rotating work:  
 Manager name: Leanne Done  
 The reporter is: The person affected by the incident  
 Reporter's Name: [Redacted]  
 Details of other (position):  
 Provide a thorough investigation of the incident:  
 Who completed the investigation?: Leanne Done  
 What control measures have been put in place?:  
 Managers Additional comments:  
 Was there a Dangerous Substance involved in the incident?: No  
 Name of the Dangerous Substance:  
 Is this a WorkSafe ACT Notifiable Incident?: No  
 WorkSafe ACT Notification Date:  
 Name of the person who notified:  
 Name of inspector spoken to:  
 Deceased: No  
 Police Notified?: No  
 Police Notification Date:  
 Name of Officer Notified:  
 De-Identified Information:

Witness #3 Phone:  
 Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination:  
 Details of Other:  
 Details of Other (discrimination):  
 Details of Other (alleged form):  
 URN: [Redacted]  
 Details of other gender:  
 Other hours worked:  
 Division: Mental & Justice Health, Alcohol & Drug Services  
 Sub Section: Adult Mental Health Unit (AMHU)  
 Start time:  
 Intended length of shift:  
 Manager phone: 61745445  
 Reporter's Position: Enrolled Nurse  
 Review Date: 15 June 2018  
 How much of the Dangerous Substance was involved?:  
 Was the site preserved?: No  
 WorkSafe ACT Notification Method:  
 Persons Position:  
 Police Notification Time:  
 Police Job Number:

[Redacted investigation details]

[Redacted] Staff member was wearing boots at the time. Staff member states their feet were sore during and immediately post the incident. Feet were ok post the incident. No pain relief or first aid required. Staff member states they are not psychologically effected post the incident. Staff member reflects that they do not have any issue continuing to work with the consumer. Offered EAP, [Redacted] states this is not necessary, support has been provided by colleagues. No days lost from work.

Classification

CMD Status: Transfer  
 Mechanism of Incident: GROUP 2 - Being hit by moving objects  
 Outcome: Insignificant  
 Risk Rating: M  
 Notifiable Incident: No  
 Serious Injury or Illness:  
 Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons  
 Potential Risk Rating:  
 NIR Attached: No

Dangerous Incident:  Yes  
 Investigation/Findings adequate?:  Yes  
 Controls adequate report:  Yes  
 Needlestick/sharp/splash/scratch/bite Incident:  No  
 Property Management & Maintenance:  No  
 Fire/Emergency/Evacuations/Parking/Fleet:  No  
 Bio-Medical:  No  
 Sterilising:  No  
 Significant Incident Level:  No  
 SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?:  No  
 Is this a Dangerous Substances Related?:  No  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or prohibited substance?:  No  
 Is there an occupational threshold associated with this substance?:  No  
 Does this substance requiring health monitoring?:  No

Control hierarchy: Administrative Controls  
 Security Related Incident:  No  
 Cleaning/Waste Environmental:  No  
 Food Services:  No  
 Radiation/Medical Physics:  No  
 Infection Control:  No  
 Significant Incident Type:

Details of other:  
 Details:  
 Details Threshold:  
 Details Monitoring:

### Significant Incident Details

Significant Incident Category:  
 Person Responsible for SI Report:  
 Initial SI Report:  No  
 Media Interest:  No  
 Complaint by Family/Carer:  No  
 Circumstances Likely to evoke service sensitivities :  No  
 Initial SI Comments:  
 Initial Report Submitted:  No  
 Initial Report Submitted By:  No  
 Interim SI Report:  No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical Review/Investigation Status:  
 Interim ongoing action still required:  No  
 Interim SI Comments:  
 Interim Report Submitted:  No  
 Interim Report Submitted By:  No  
 Final SI Report:  No  
 Final Status Update:  
 Final Investigation Type:  
 Final Clinical Review/Investigation Status:  
 Final ongoing action still required:  No  
 Final SI Comments:  
 Final Report Submitted:  No  
 Final Report Submitted By:  No

Date Initial Report Submitted:  
 Date Interim Report Submitted:  
 Date Final Report Submitted:

### Journal Entries

Date/Time

Journal Entry

Reference

548

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

31 May 18 16:03:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6205 0888 [workplacesafety@act.gov.au](mailto:workplacesafety@act.gov.au)

Thank you for your assistance.

Actioned: Yes

Linked Document Path:

Mail Sent On: 07 Jun 18

## Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [Redacted]  
First Name: [Redacted]  
Gender: Male  
Date of Birth: [Redacted]  
Contact Number: [Redacted]  
Job Title: Enrolled Nurse

Related Incident ID:  
Surname: [Redacted]  
Age: [Redacted]

Is this a Student/Volunteer Incident?:  
Is this a contractor incident?: No  
Details of Other:

Contractor Company:

Has the ACT Health Contractor Induction been completed?: No

Induction Date:

Incident Type (Hazard, Incident): Incident

Has a staff injury been sustained?: Yes

Incident Date: [Redacted]

Incident Time: 16:30

Notification Date: [Redacted]

Notification Time: 20:51

Total days to report (days): 0.2

Work Start Time: 13:00

Provide a brief Summary of the incident?: Consumer assaulted multiple staff [Redacted] - Other consumers began to attempt to intervene

Provide more details of the incident?:

[Redacted]

[Redacted] AFP have been notified of incident.

Incident Outline: Staff member and multiple staff physically assaulted by aggressive patient.

- Body Part Affected:
- Back Left Lower Arm
  - Back Left Upper Arm
  - Back Right Lower Arm
  - Back Right Upper Arm
  - Front Left Lower Arm
  - Front Left Upper Arm
  - Front Right Lower Arm
  - Front Right Upper Arm
  - Left Back Shoulder
  - Left Front Shoulder
  - Lower Back Left
  - Lower Back Right
  - Right Back Shoulder
  - Right Front Shoulder

Body Part Most Affected: Lower Back Right

Has this incident also affected your psychological wellbeing?:  
Has this incident affected your work?: Yes

How much time was lost: Minor injury or illness - no lost time

Has the incident caused any impacts on service delivery?: Yes

Type of Impact: Minor service interruption less than 1 day lost

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Mainet Number:

Treatment Required: No  
 Treatment given:  
 Details of Other (Treatment):  
 Has your HSR been notified?: No  
 Is a claim for workers compensation required?: No  
 Have medical expenses occurred or likely?: No  
 Value of medical expenses:  
 Is a return to work plan required?:  
 Details (Return to work):  
 What task was being performed at the time of the incident?: [REDACTED]  
 Incident related to the task?: No  
 Do you have experience in performing this task?: Yes  
 Experience (months): 6  
 Experience (years):  
 Have you recieved specific training in the task/work being performed at the time of the accident/incident?: Yes  
 Training recieved: Induction training  
 Other training  
 Vocational/task-specific training  
 Details of Other Training: PART Training  
 Was personal protective equipment being worn?: Yes  
 Details of PPE used: Hand Protection  
 Other PPE Details:  
 Were there any witnesses?: Yes  
 Witness #1 Name: Witness # 1 Phone:  
 Witness #2 Name: Witness # 2 Phone:  
 Witness #3 Name: Witness #3 Phone:  
 Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes  
 Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression  
 Who was involved? (ie. source): Patient/Client/Consumer  
 Form of violence/aggression or bullying/harassment: Physical  
 Details of Other:  
 Discrimination Involved (i.e. source)?  
 Details of Other (discrimination):  
 Alleged form of discrimination: Details of Other (alleged form):  
 Has this happened before (reoccurrence)? No  
 Name of alleged perpetrator: [REDACTED] URN: [REDACTED]  
 Gender of alleged perpetrator: Male  
 Details of other gender:  
 Physical Location: Adult Mental Health Unit (AMHU)  
 Employment Status: Permanent Full-Time  
 Hours worked per week: 36 Hrs 45 Mins  
 Other hours worked:  
 Work Unit: HCNAB  
 Division: Mental & Justice Health, Alcohol & Drug Services  
 Sub Section: Adult Mental Health Unit (AMHU)  
 Section: Adult Acute Mental Health Services  
 Are you a shift worker?: Yes  
 How many hours have you worked this shift?:  
 Start time:  
 Standard or rotating work:  
 Intended length of shift:  
 Manager name: Leanne Done  
 Manager phone: Unknown  
 The reporter is:: The person affected by the incident  
 Reporter's Name: [REDACTED] Reporter's Position: Enrolled Nurse  
 Details of other (position):  
 Provide a thorough investigation of the incident: [REDACTED]  
 Who completed the investigation?: Leanne Done  
 Review Date: 18 June 2018

What control measures have been put in place?: Staff Follow up. Reporter went to ED for assessment, [REDACTED] Staff member took pain relief for back pain, pain resolved, no other identified ongoing issues. No identified psychological impact post incident. Recommend EAP. Encourage engagement with Clinical Supervisor. Controls: Procedure for Mitigating Aggression and Violence was adhered to by attempts to deescalate consumer. [REDACTED] t. Man down (local response) activated. Code Black activated [REDACTED] Staff members PART trained. PART training in AMHU business plan. [REDACTED] AFP notified at 1740hrs - reference number [REDACTED] Related SAIR 756226. Ongoing allocations or preceptors and clinical supervision.

Managers Additional comments:

Was there a Dangerous Substance involved in the incident?: No  
 Name of the Dangerous Substance: How much of the Dangerous Substance was involved?:  
 Is this a WorkSafe ACT Notifiable Incident?: No  
 WorkSafe ACT Notification Date: WorkSafe ACT Notification Method:  
 Name of the person who notified: Persons Position:  
 Name of inspector spoken to:  
 Deceased: No  
 Police Notified?: No  
 Police Notification Date: Police Notification Time:  
 Name of Officer Notified: Police Job Number:  
 De-Identified Information:

Classification

CMD Status: Transfer  
 Mechanism of Incident: GROUP 2 - Being hit by moving objects  
 Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons  
 Outcome: Major  
 Risk Rating: H  
 Potential Risk Rating:  
 Notifiable Incident: No  
 NIR Attached: No  
 Serious Injury or Illness:  
 Dangerous Incident:  
 Investigation/Findings adequate?: Yes  
 Controls adequate report: Yes  
 Control hierarchy: Administrative Controls  
 Needlestick/sharp/splash/scratch/bite Incident: No  
 Security Related Incident: No  
 Property Management & Maintenance: No  
 Cleaning/Waste Environmental: No  
 Fire/Emergency/Evacuations/Parking/Fleet: No  
 Food Services: No  
 Bio-Medical: No  
 Radiation/Medical Physics: No  
 Sterilising: No  
 Infection Control: No  
 Significant Incident Level:  
 SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No  
 Is this a Dangerous Substances Related?: No  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Details of other:  
 Is the substance a restricted or prohibited substance?: No  
 Details:  
 Is there an occupational threshold associated with this substance?: No  
 Details Threshold:  
 Does this substance requiring health monitoring?: No  
 Details Monitoring:

Significant Incident Details

Significant Incident Category:  
 Person Responsible for SI Report:  
 Initial SI Report: No  
 Media Interest: No  
 Complaint by Family/Carer: No

Circumstances Likely to evoke No  
 service sensitivities :  
 Initial SI Comments:  
 Initial Report Submitted: No  
 Initial Report Submitted By: Date Initial Report Submitted:  
 Interim SI Report: No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical  
 Review/Investigation Status:  
 Interim ongoing action still No  
 required:  
 Interim SI Comments:  
 Interim Report Submitted: No  
 Interim Report Submitted By: Date Interim Report Submitted:  
 Final SI Report: No  
 Final Status Update:  
 Final Investigation Type:  
 Final Clinical  
 Review/Investigation Status:  
 Final ongoing action still No  
 required:  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By: Date Final Report Submitted:

### Journal Entries

| <u>Date/Time</u>   | <u>Journal Entry</u>  | <u>Reference</u> | <u>Cost</u> |
|--------------------|---|------------------|-------------|
| Journal Type:      | Action Taken  |                  |             |
| Created by:        | Reviewer 2, Workplace Safety  |                  |             |
| 04 Jun 18 09:18:00 | DO NOT REPLY TO THIS AUTO GENERATED EMAIL   |                  |             |
|                    | You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).                |                  |             |
|                    | Please complete the required fields in the 'ORANGE' Managers section  |                  |             |
|                    | 1. Provide a thorough investigation of the incident   |                  |             |
|                    | 2. Review Date  |                  |             |
|                    | 3. What control measures have been put in place?  |                  |             |
|                    | For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au                  |                  |             |
|                    | Thank you for your assistance.  |                  |             |
|                    | Actioned: Yes   | Mail Sent On:    | 11 Jun 18   |
|                    | Linked Document Path:   |                  |             |
| Journal Type:      | Action Taken  |                  |             |
| Created by:        | Reviewer 2, Workplace Safety  |                  |             |
| 06 Jun 18 09:48:00 | Hi, as this incident is rated HIGH Risk, can you please review as a matter of urgency. Thanks.                                  |                  |             |
|                    | Actioned: Yes   | Mail Sent On:    | 08 Jun 18   |
|                    | Linked Document Path:   |                  |             |
| Journal Type:      | Action Taken  |                  |             |
| Created by:        | Reviewer 3, Workplace Safety  |                  |             |
| 20 Jun 18 11:05:00 | Please identify what (if any controls) could have or should be put in place to mitigate the risk for this incident reoccurring. |                  |             |
|                    | Thank you   |                  |             |
|                    | Actioned: No  | Mail Sent On:    | 27 Jun 18   |
|                    | Linked Document Path:   |                  |             |

### Documents

No Attached Documents.

- End of Record -



AGS/ ID Number: [Redacted]

First Name: [Redacted]

Gender: Male

Date of Birth: [Redacted]

Contact Number: [Redacted]

Job Title: [Redacted]

Is this a Student/Volunteer Incident?:

Is this a contractor incident?: No

Details of Other:

Has the ACT Health Contractor Induction been completed?: No

Incident Type (Hazard, Incident): Incident

Incident Date: [Redacted]

Notification Date: [Redacted]

Total days to report (days): 0.1

Provide a brief Summary of the incident?: Small, reddened area and swelling on left cheekbone/eye socket. Occurred during restraint periods, unsure specifically.

Provide more details of the incident?: [Redacted]

Incident Outline: Staff member received injury to cheek eye during restraint of aggressive patient.

Body Part Affected: Left Cheeks

Body Part Most Affected: Left Cheeks

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: No

Has the incident caused any impacts on service delivery?: No

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No

Is a return to work plan required?:

Details (Return to work):

What task was being performed at the time of the incident?:

Incident related to the task?: Yes

Experience (months):

Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No

Related Incident ID:

Surname: [Redacted]

Age: [Redacted]

Contractor Company:

Induction Date:

Has a staff injury been sustained?: Yes

Incident Time: 12:28

Notification Time: 14:48

Work Start Time:

How much time was lost: Minor injury or illness - no lost time

Type of Impact:

Mainet Number:

Value of medical expenses:

Do you have experience in performing this task?: No

Experience (years):

Training recieved:

Details of Other Training:  
 Was personal protective equipment being worn?: Yes  
 Other PPE Details:  
 Were there any witnesses?: Yes  
 Witness #1 Name: Renee Withers  
 Witness #2 Name: Donna preston-Bond  
 Witness #3 Name:  
 Does the incident involve violence/aggression/discrimination or Bullying/Harassment?: Yes claimed  
 Who was involved? (ie. source): Patient/Client/Consumer  
 Form of violence/aggression or bullying/harassment: Physical  
 Discrimination Involved (i.e. source?):  
 Alleged form of discrimination:  
 Has this happened before (reoccurrence?): No  
 Name of alleged perpetrator: [REDACTED]  
 Gender of alleged perpetrator: Male  
 Physical Location: Adult Mental Health Unit (AMHU)  
 Employment Status:  
 Hours worked per week:  
 Work Unit: HCNAB  
 Section: Adult Acute Mental Health Services  
 Are you a shift worker?: No  
 How many hours have you worked this shift?:  
 Standard or rotating work:  
 Manager name: Leanne Done  
 The reporter is: The person affected by the incident  
 Reporter's Name: [REDACTED]  
 Details of other (position):  
 Provide a thorough investigation of the incident:  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED], Staff member indicated they were unaware of injury in the first instance. Post incident staff member asked if they were OK as reddened area on left check eye area. Mechanism of injury unknown. Staff member noted mild pain in check area when pressed.  
 Who completed the investigation?: Leanne Done  
 What control measures have been put in place?: No lost time from work. No first aid required. No identified ongoing issues with the injuries. Offered EAP and support from senior nursing team and ADON. Police not contacted as mechanism of injury unknown.  
 Managers Additional comments:  
 Was there a Dangerous Substance involved in the incident?: No  
 Name of the Dangerous Substance:  
 Is this a WorkSafe ACT Notifiable Incident?: No  
 WorkSafe ACT Notification Date:  
 Name of the person who notified:  
 Name of inspector spoken to:  
 Deceased: No  
 Police Notified?: No  
 Police Notification Date:  
 Name of Officer Notified:  
 De-Identified Information:  
 Details of PPE used: Hand Protection  
 Witness # 1 Phone:  
 Witness # 2 Phone:  
 Witness #3 Phone:  
 Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination:  
 Details of Other:  
 Details of Other (discrimination):  
 Details of Other (alleged form):  
 URN: [REDACTED]  
 Details of other gender:  
 Other hours worked:  
 Division: Mental & Justice Health, Alcohol & Drug Services  
 Sub Section: Adult Mental Health Unit (AMHU)  
 Start time:  
 Intended length of shift:  
 Manager phone: 61745406  
 Reporter's Position: [REDACTED]  
 Review Date: 7 June 2018  
 WorkSafe ACT Notification Method:  
 Persons Position:  
 Police Notification Time:  
 Police Job Number:

Classification

CMD Status: Transfer  
 Mechanism of Incident: GROUP 2 - Being hit by moving objects  
 Outcome: Minor  
 Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons

Risk Rating: M  
 Notifiable Incident: No  
 Serious Injury or Illness:  
 Dangerous Incident:  
 Investigation/Findings Yes  
 adequate?:  
 Controls adequate report: No  
 Needlestick/sharp/splash/scratches/bite Incident: No  
 Property Management & Maintenance: No  
 Fire/Emergency/Evacuations/Parking/Fleet: No  
 Bio-Medical: No  
 Sterilising: No  
 Significant Incident Level:  
 SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No  
 Is this a Dangerous Substances Related?: No  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or prohibited substance?: No  
 Is there an occupational threshold associated with this substance?: No  
 Does this substance requiring health monitoring?: No

Potential Risk Rating:  
 NIR Attached: No

Control hierarchy:  
 Security Related Incident: No  
 Cleaning/Waste Environmental: No  
 Food Services: No  
 Radiation/Medical Physics: No  
 Infection Control: No  
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

**Significant Incident Details**

Significant Incident Category:  
 Person Responsible for SI Report:  
 Initial SI Report: No  
 Media Interest: No  
 Complaint by Family/Carer: No  
 Circumstances Likely to evoke service sensitivities : No  
 Initial SI Comments:  
 Initial Report Submitted: No  
 Initial Report Submitted By:  
 Interim SI Report: No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical Review/Investigation Status:  
 Interim ongoing action still required: No  
 Interim SI Comments:  
 Interim Report Submitted: No  
 Interim Report Submitted By:  
 Final SI Report: No  
 Final Status Update:  
 Final Investigation Type:  
 Final Clinical Review/Investigation Status:  
 Final ongoing action still required: No  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By:

Date Initial Report Submitted:

Date Interim Report Submitted:

Date Final Report Submitted:

**Journal Entries**

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

06 Jun 18 08:50:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).

Please complete the required fields in the 'ORANGE' Managers section

- 1. Provide a thorough investigation of the incident
- 2. Review Date
- 3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au

Thank you for your assistance.

Actioned:                      No

Mail Sent On:                      13 Jun 18

Linked Document Path:

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

08 Jun 18 10:27:00

Thank you for investigating this incident. Can you please provide some control measures around the management of the aggressive patient.

Thanks.

Actioned:                      No

Mail Sent On:                      15 Jun 18

Linked Document Path:

**Documents**

No Attached Documents.

- End of Record -

AGS/ ID Number: [Redacted]  
First Name: [Redacted]  
Gender: Female  
Date of Birth: [Redacted]  
Contact Number: [Redacted]  
Job Title: Assistant in Nursing

Related Incident ID:  
Surname: [Redacted]  
Age: [Redacted]

Is this a Student/Volunteer Incident?:

Is this a contractor incident?: No

Details of Other:

Has the ACT Health Contractor Induction been completed?: No

Incident Type (Hazard, Incident): Incident

Incident Date: [Redacted]

Notification Date: [Redacted]

Total days to report (days): 15.2

Provide a brief Summary of the incident?: Patient assaulted staff as [Redacted] demands were not met

Provide more details of the incident?:

[Redacted]

Incident Outline: Staff member physically assaulted by patient.

Body Part Affected: Front Left Knee  
Front Right Foot  
Lower Back Left  
Lower Back Right  
Upper Back Left

Body Part Most Affected: Lower Back Left

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: Yes

Has the incident caused any impacts on service delivery?: No

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Treatment Required: Yes

Treatment given: Doctor  
Employee assistance program  
Physiotherapy

Details of Other (Treatment):

Has your HSR been notified?: No

Is a claim for workers compensation required?: Yes

Have medical expenses occurred or likely?: Yes

Is a return to work plan required?:

Details (Return to work):

What task was being performed at the time of the incident?: [Redacted]

Incident related to the task?: Yes

Experience (months):

Have you recieved specific training in the task/work being performed at the time of the accident/Incident?: Yes

Contractor Company:

Induction Date:

Has a staff injury been sustained?: Yes

Incident Time: 10:00

Notification Time: 15:29

Work Start Time:

How much time was lost: 1 day or more of work was lost

Type of impact: More than 1 day of service interruption

Mainet Number:

Value of medical expenses:

Do you have experience in performing this task?: Yes

Experience (years): 6

Training recieved: Vocational/task-specific training

Details of Other Training:

Was personal protective equipment being worn?: Not Applicable

Details of PPE used: None

Other PPE Details:

Were there any witnesses?: No

Witness #1 Name:

Witness # 1 Phone:

Witness #2 Name:

Witness # 2 Phone:

Witness #3 Name:

Witness #3 Phone:

Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression

Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Physical

Details of Other:

Discrimination Involved (i.e. source?):

Details of Other (discrimination):

Alleged form of discrimination:

Details of Other (alleged form):

Has this happened before (reoccurrence?): Yes

Name of alleged perpetrator: [Redacted]

URN: [Redacted]

Gender of alleged perpetrator: Female

Details of other gender:

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status: Permanent Full-Time

Hours worked per week: 36 Hrs 45 Mins

Other hours worked:

Work Unit: HCNAB

Division: Mental & Justice Health, Alcohol & Drug Services

Section: Adult Acute Mental Health Services

Sub Section: Adult Mental Health Unit (AMHU)

Are you a shift worker?: Yes

How many hours have you worked this shift?:

Start time:

Standard or rotating work: Fixed standard or flexible hours

Intended length of shift: Shift duration of up to and including 8 hrs

Manager name: Leanne Done

Manager phone: 62445406

The reporter is: The person affected by the incident

Reporter's Name: [Redacted]

Reporter's Position: Assistant in Nursing

Details of other (position):

Provide a thorough investigation of the incident:

[Redacted investigation details]

Who completed the investigation?: Leanne Dpoe

Review Date: 11 June 2018

What control measures have been put in place?: ED review indicated muscle strain. Pain relief administered in ED. Recommended follow up with GP. Follow up with GP. At the review about 5 days later, pain had increased, [Redacted]

1 day lost immediately after and an additional day 6 days later.

Physio treatment applied.

Staff member was already engaged with EAP and discussed incident with them. Continuing EAP visits recommended and staff member states this will continue. Asked to consider police notification.

Managers Additional comments:

Was there a Dangerous Substance involved in the incident?: No

Name of the Dangerous Substance:

How much of the Dangerous Substance was involved?:

Is this a WorkSafe ACT Notifiable Incident?: No

Was the site preserved?: No

WorkSafe ACT Notification Date:

WorkSafe ACT Notification Method:

Name of the person who notified:  
 Name of inspector spoken to:  
 Deceased: No  
 Police Notified?: No  
 Police Notification Date:  
 Name of Officer Notified:  
 De-Identified Information:

Persons Position:

Police Notification Time:  
 Police Job Number:

Classification

CMD Status: Transfer  
 Mechanism of Incident: GROUP 2 - Being hit by moving objects  
 Outcome: Moderate  
 Risk Rating: M  
 Notifiable Incident: No  
 Serious Injury or Illness:  
 Dangerous Incident:  
 Investigation/Findings adequate?: Yes  
 Controls adequate report: No  
 Needlestick/sharp/splash/scratch/bite Incident: No  
 Property Management & Maintenance: No  
 Fire/Emergency/Evacuations/Parting/Fleet: No  
 Bio-Medical: No  
 Sterilising: No  
 Significant Incident Level:  
 SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No  
 Is this a Dangerous Substances Related?: No  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or prohibited substance?: No  
 Is there an occupational threshold associated with this substance?: No  
 Does this substance requiring health monitoring?: No

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons

Potential Risk Rating:  
 NIR Attached: No

Control hierarchy:  
 Security Related Incident: No  
 Cleaning/Waste Environmental: No  
 Food Services: No  
 Radiation/Medical Physics: No  
 Infection Control: No  
 Significant Incident Type:

Details of other:  
 Details:  
 Details Threshold:  
 Details Monitoring:

**Significant Incident Details**

Significant Incident Category:  
 Person Responsible for SI Report:  
 Initial SI Report: No  
 Media Interest: No  
 Complaint by Family/Carer: No  
 Circumstances Likely to evoke service sensitivities :  
 Initial SI Comments:  
 Initial Report Submitted: No  
 Initial Report Submitted By:  
 Interim SI Report: No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical Review/Investigation Status:  
 Interim ongoing action still required: No  
 Interim SI Comments:  
 Interim Report Submitted: No  
 Interim Report Submitted By:  
 Final SI Report: No  
 Final Status Update:  
 Final Investigation Type:  
 Final Clinical Review/Investigation Status:

Date Initial Report Submitted:

Date Interim Report Submitted:

Final ongoing action still required: No  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By:

Date Final Report Submitted:

**Journal Entries**

| <u>Date/Time</u>   | <u>Journal Entry</u>  | <u>Reference</u> | <u>Cost</u> |
|--------------------|---|------------------|-------------|
| Journal Type:      | Action Taken  |                  |             |
| Created by:        | Reviewer 2, Workplace Safety  |                  |             |
| 08 Jun 18 10:01:00 | DO NOT REPLY TO THIS AUTO GENERATED EMAIL<br><br>You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).<br><br>Please complete the required fields in the 'ORANGE' Managers section<br><br>1. Provide a thorough investigation of the incident<br>2. Review Date<br>3. What control measures have been put in place?<br><br>For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au<br><br>Thank you for your assistance.<br>Actioned: No<br>Linked Document Path: | Mail Sent On:    | 15 Jun 18   |
| Journal Type:      | Action Taken  |                  |             |
| Created by:        | Reviewer 3, Workplace Safety  |                  |             |
| 14 Jun 18 11:36:00 | Please enter into controls section what broader controls have been implement (as far as one can) to prevent these types of injuries reoccurring e.g. reminded staff of de-escalation process, reminders at Tier 2 safety meetings etc.<br><br>Thanks<br>Actioned: No<br>Linked Document Path:   | Mail Sent On:    | 21 Jun 18   |

**Documents**

No Attached Documents.

- End of Record -



AGS/ ID Number: [REDACTED]  
 First Name: [REDACTED]  
 Gender: Female  
 Date of Birth: [REDACTED]  
 Contact Number: [REDACTED]  
 Job Title:

Related Incident ID:  
 Surname: [REDACTED]  
 Age: [REDACTED]

Is this a Student/Volunteer Incident?:  
 Is this a contractor incident?: No  
 Details of Other:

Contractor Company:  
 Induction Date:

Has the ACT Health Contractor Induction been completed?: No  
 Incident Type (Hazard, Incident): Incident  
 Incident Date: [REDACTED]  
 Notification Date: [REDACTED]  
 Total days to report (days): 6.2

Has a staff injury been sustained?: No  
 Incident Time: 09:30  
 Notification Time: 15:19  
 Work Start Time:

Provide a brief Summary of the incident?: Consumer spat on author

Provide more details of the incident?:  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

Incident Outline: Staff member spat on by aggressive patient.  
 Body Part Affected: Front Neck  
 Left Front Shoulder  
 Right Front Shoulder  
 Body Part Most Affected: Front Neck

Has this incident also affected your psychological wellbeing?:  
 Has this incident affected your work?: No  
 Has the incident caused any impacts on service delivery?: No  
 Was there any plant/equipment involved?: No  
 Provide Details:

How much time was lost: Minor injury or illness - no lost time  
 Type of impact:

Plant Asset/Serial Number:  
 Has a mainet been submitted?: No  
 Mainet Date:  
 Treatment Required: No  
 Treatment given:

Mainet Number:

Details of Other (Treatment):  
 Has your HSR been notified?: No  
 Is a claim for workers compensation required?: No  
 Have medical expenses ocured or likely?: No  
 Is a return to work plan required?:

Value of medical expenses:

Details (Return to work):  
 What task was being performed at the time of the incident?:  
 Incident related to the task?: No

Do you have experience in performing this task?: No  
 Experience (years):  
 Training recieved:

Experience (months):  
 Have you recieved specific training in the task/work being performed at the time of the accident/incident?:  
 Details of Other Training:

Details of PPE used: Other

Was personal protective equipment being worn?: Yes  
 Other PPE Details: Duress phone

Were there any witnesses?: Yes  
 Witness #1 Name: Heather Paterson  
 Witness #2 Name:  
 Witness #3 Name:

Witness # 1 Phone: 61745454  
 Witness # 2 Phone:  
 Witness #3 Phone:

Does the incident involve Violence/Aggression/Discrimination or Bullying/Harassment?: Yes claimed

Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Physical

Discrimination Involved (i.e. source?):

Alleged form of discrimination:

Has this happened before (reoccurrence?): No

Name of alleged perpetrator: [REDACTED]

Gender of alleged perpetrator: Male

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status:

Hours worked per week:

Work Unit: HCNAB

Section: Adult Acute Mental Health Services

Are you a shift worker?: No

How many hours have you worked this shift?:

Standard or rotating work:

Manager name: Leanne Done

The reporter is:: The person affected by the incident

Reporter's Name: [REDACTED]

Details of other (position):

Provide a thorough investigation of the incident:

Who completed the investigation?: Leanne Done

What control measures have been put in place?: Meeting scheduled 18/6.

Managers Additional comments:

Was there a Dangerous Substance involved in the incident?: No

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident?: No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression

Details of Other:

Details of Other (discrimination):

Details of Other (alleged form):

URN: [REDACTED]

Details of other gender:

Other hours worked:

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Adult Mental Health Unit (AMHU)

Start time:

Intended length of shift:

Manager phone: 61745406

Reporter's Position: Registered Nurse / Midwife

Review Date: 18 June 2018

How much of the Dangerous Substance was involved?:

Was the site preserved?: No

WorkSafe ACT Notification Method:

Persons Position:

Police Notification Time:

Police Job Number:

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects

Outcome: Minor

Risk Rating: M

Notifiable Incident: No

Serious Injury or Illness:

Dangerous Incident:

Investigation/Findings adequate?: Yes

Controls adequate report: No

Needlestick/sharp/splash/scratch/bite Incident: No

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons

Potential Risk Rating:

NIR Attached: No

Control hierarchy:

Security Related Incident: No

Property Management & Maintenance: No  
 Fire/Emergency/Evacuations/Parking/Fleet: No  
 Bio-Medical: No  
 Sterilising: No  
 Significant Incident Level: SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No  
 Is this a Dangerous Substances Related?: No  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or prohibited substance?: No  
 Is there an occupational threshold associated with this substance?: No  
 Does this substance requiring health monitoring?: No

Cleaning/Waste Environmental: No  
 Food Services: No  
 Radiation/Medical Physics: No  
 Infection Control: No  
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

**Significant Incident Details**

Significant Incident Category:  
 Person Responsible for SI Report:  
 Initial SI Report: No  
 Media Interest: No  
 Complaint by Family/Carer: No  
 Circumstances Likely to evoke service sensitivities : No  
 Initial SI Comments:  
 Initial Report Submitted: No  
 Initial Report Submitted By:  
 Interim SI Report: No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical Review/Investigation Status:  
 Interim ongoing action still required: No  
 Interim SI Comments:  
 Interim Report Submitted: No  
 Interim Report Submitted By:  
 Final SI Report: No  
 Final Status Update:  
 Final Investigation Type:  
 Final Clinical Review/Investigation Status:  
 Final ongoing action still required: No  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By:

Date Initial Report Submitted:

Date Interim Report Submitted:

Date Final Report Submitted:

**Journal Entries**

Date/Time

Journal Entry

Reference

564

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

13 Jun 18 10:04:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).

Please complete the required fields in the 'ORANGE' Managers section

- 1. Provide a thorough investigation of the incident
- 2. Review Date
- 3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6205 0888 [workplacesafety@act.gov.au](mailto:workplacesafety@act.gov.au)

Thank you for your assistance.

Actioned: No

Linked Document Path:

Mail Sent On: 20 Jun 18

Journal Type:

General Comments

Created by:

Reviewer 3, Workplace Safety

20 Jun 18 11:14:00

What (if any) other controls should be implemented to avoid a similar occurrence in the future?

Actioned: No

Linked Document Path:

Mail Sent On: 27 Jun 18

### Documents

No Attached Documents.

- End of Record -

Staff Incident ID: 759652

AGS/ ID Number: [REDACTED] Related Incident ID: [REDACTED]  
 First Name: [REDACTED] Surname: [REDACTED]  
 Gender: Female Age: [REDACTED]  
 Date of Birth: [REDACTED]  
 Contact Number: [REDACTED]  
 Job Title: [REDACTED]  
 Is this a Student/Volunteer Incident?: [REDACTED]  
 Is this a contractor incident?: No Contractor Company: [REDACTED]  
 Details of Other: [REDACTED]  
 Has the ACT Health Contractor Induction been completed?: No Induction Date: [REDACTED]  
 Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: No  
 Incident Date: [REDACTED] Incident Time: 12:30  
 Notification Date: [REDACTED] Notification Time: 17:30  
 Total days to report (days): 8.2 Work Start Time: 11:30  
 Provide a brief Summary of the incident?: While out in the courtyard [REDACTED], a patient got hold of my duress alarm and would not return it to me.  
 Provide more details of the incident?: [REDACTED]  
 Incident Outline: Staff member had duress alarm taken from them by patient.  
 Body Part Affected: None  
 Body Part Most Affected: None  
 Has this incident also affected your psychological wellbeing?: [REDACTED]  
 Has this incident affected your work?: No How much time was lost: No injury or illness - hazardous situation  
 Has the incident caused any impacts on service delivery?: No Type of impact: [REDACTED]  
 Was there any plant/equipment involved?: No  
 Provide Details: [REDACTED]  
 Plant Asset/Serial Number: [REDACTED]  
 Has a mainet been submitted?: No Mainet Date: [REDACTED] Mainet Number: [REDACTED]  
 Treatment Required: No  
 Treatment given: [REDACTED]  
 Details of Other (Treatment): [REDACTED]  
 Has your HSR been notified?: No  
 Is a claim for workers compensation required?: No  
 Have medical expenses occurred or likely?: No Value of medical expenses: [REDACTED]  
 Is a return to work plan required?: Not Applicable  
 Details (Return to work): [REDACTED]  
 What task was being performed at the time of the incident?: [REDACTED]  
 Incident related to the task?: Yes Do you have experience in performing this task?: No  
 Experience (months): [REDACTED] Experience (years): [REDACTED]  
 Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No Training recieved: [REDACTED]  
 Details of Other Training: [REDACTED]  
 Was personal protective equipment being worn?: Not Applicable Details of PPE used: None  
 Other PPE Details: [REDACTED]  
 Were there any witnesses?: Yes  
 Witness #1 Name: Donna Preston-Bond (nurse) Witness # 1 Phone: [REDACTED]  
 Witness #2 Name: Nakita Nott (nurse) Witness # 2 Phone: [REDACTED]  
 Witness #3 Name: [REDACTED] Witness #3 Phone: [REDACTED]  
 Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression  
 Who was involved? (ie. source): Patient/Client/Consumer

|  |  |  |  |
|--|--|--|--|
| Form of violence/aggression or bullying/harassment:        | Physical   | Details of Other:                                  |  |
| Discrimination Involved (i.e. source)?:                    | Patient/Client/Consumer  | Details of Other (discrimination):                 |  |
| Alleged form of discrimination:                            |  | Details of Other (alleged form):                   |  |
| Has this happened before (reoccurrence)?:                  | No   |  |  |
| Name of alleged perpetrator:                               | [REDACTED]   |  |  |
| Gender of alleged perpetrator:                             | Male   | Details of other gender:                           |  |
| Physical Location:   | Adult Mental Health Unit (AMHU)  |  |  |
| Employment Status:   | Permanent Full-Time  |  |  |
| Hours worked per week:                                     | Other  | Other hours worked:                                | 40   |
| Work Unit:   | HCNAB  | Division:  | Mental & Justice Health, Alcohol & Drug Services |
|  |  | Sub Section:                                       | Adult Mental Health Unit (AMHU)                  |
| Section:   | Adult Acute Mental Health Services   |  |  |
| Are you a shift worker?:                                   | Yes  |  |  |
| How many hours have you worked this shift?:                | 40   | Start time:  |  |
| Standard or rotating work:                                 | Component or rotating shift work arrangement   | Intended length of shift:                          | Shift duration of up to and including 8 hrs      |
| Manager name:  | Helen Braun  | Manager phone:                                     | 6174 5401  |
| The reporter is: :   | The Manager  |  |  |
| Reporter's Name:   | [REDACTED]   | Reporter's Position:                               | Health Professional Officer                      |
| Details of other (position):                               |  |  |  |
| Provide a thorough investigation of the incident:          | [REDACTED]   |  |  |
| Who completed the investigation?:                          | Leanne Done/ Roz Fitzgerald  | Review Date:                                       | 18 June 2018                                     |
| What control measures have been put in place?:             | Allied health manager spoke with staff member regarding incident. Staff member is not to engage with the stated client unless in a controlled environment and not elevated in emotions. EAP encouraged, staff member reported no concerns. No days lost. |  |  |
| Managers Additional comments:                              |  |  |  |
| Was there a Dangerous Substance involved in the incident?: | No   | How much of the Dangerous Substance was involved?: |  |
| Name of the Dangerous Substance:                           |  | Was the site preserved?:                           | No   |
| Is this a WorkSafe ACT Notifiable Incident?:               | No   | WorkSafe ACT Notification Method:                  |  |
| WorkSafe ACT Notification Date:                            |  | Persons Position:                                  |  |
| Name of the person who notified:                           |  |  |  |
| Name of inspector spoken to:                               |  |  |  |
| Deceased:  | No   |  |  |
| Police Notified?:  | No   | Police Notification Time:                          |  |
| Police Notification Date:                                  |  | Police Job Number:                                 |  |
| Name of Officer Notified:                                  |  |  |  |
| De-Identified Information:                                 |  |  |  |

Classification

|  |                                       |  |   |
|--|---------------------------------------|--|---|
| CMD Status:  | Transfer                              |  |   |
| Mechanism of Incident:                             | GROUP 2 - Being hit by moving objects | Subcategory of Mechanism of Incident : | 29 Being assaulted by a person or persons |
| Outcome:   | Minor                                 |  |   |
| Risk Rating:                                       | M                                     | Potential Risk Rating:                 |   |
| Notifiable Incident:                               | No                                    | NIR Attached:                          | No  |
| Serious Injury or Illness:                         |                                       |  |   |
| Dangerous Incident:                                |                                       |  |   |
| Investigation/Findings adequate?:                  | Yes                                   |  |   |
| Controls adequate report:                          | Yes                                   | Control hierarchy:                     | Administrative Controls                   |
| Needlestick/sharp/splash/scratches/bite Incident:  | No                                    | Security Related Incident:             | No  |
| Property Management & Maintenance:                 | No                                    | Cleaning/Waste Environmental:          | No  |
| Fire/Emergency/Evacuations/Parking/Fleet:          | No                                    | Food Services:                         | No  |
| Bio-Medical:                                       | No                                    | Radiation/Medical Physics:             | No  |
| Sterilising:                                       | No                                    | Infection Control:                     | No  |
| Significant Incident Level:                        |                                       | Significant Incident Type:             |   |
| SI Details:  |                                       |  |   |
| Has an Occupational Risk Exposure (ORE) Occurred?: | No                                    |  |   |

Is this a Dangerous Substances No  
Related?:  
What was the nature of the  
potential Dangerous Substances  
exposure?:  
What was the route of potential  
exposure?:  
Is the substance a restricted or No  
prohibited substance?:  
Is there an occupational No  
threshold associated with this  
substance?:  
Does this substance requiring No  
health monitoring?:

Details of other:

Details:

Details Threshold:

Details Monitoring:

### Significant Incident Details

Significant Incident Category:

Person Responsible for SI  
Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke No  
service sensitivities :

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still No  
required:

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still No  
required:

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

### Journal Entries

| <u>Date/Time</u>                  | <u>Journal Entry</u>   | <u>Reference</u> | <u>Cost</u> |
|-----------------------------------|--|------------------|-------------|
| Journal Type:                     | Action Taken   |                  |             |
| Created by:<br>18 Jun 18 08:57:00 | Reviewer 2, Workplace Safety<br>DO NOT REPLY TO THIS AUTO GENERATED EMAIL<br><br>You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).<br><br>Please complete the required fields in the 'ORANGE' Managers section<br><br>1. Provide a thorough investigation of the incident<br>2. Review Date<br>3. What control measures have been put in place?<br><br>For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au<br><br>Thank you for your assistance.<br>Actioned: Yes<br>Linked Document Path: |                  |             |
|                                   |  | Mail Sent On:    |             |

### Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED] Related Incident ID:  
First Name: [REDACTED] Surname: [REDACTED]  
Gender: Female  
Date of Birth: [REDACTED] Age: [REDACTED]  
Contact Number: [REDACTED]  
Job Title: Enrolled Nurse  
Is this a Student/Volunteer Incident?:  
Is this a contractor incident?: No Contractor Company:  
Details of Other:  
Has the ACT Health Contractor Induction been completed?: No Induction Date:  
Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: Yes  
Incident Date: [REDACTED] Incident Time: 18:15  
Notification Date: [REDACTED] Notification Time: 18:27  
Total days to report (days): 0 Work Start Time:  
Provide a brief Summary of the incident?: [REDACTED]  
Provide more details of the incident?: [REDACTED]  
Incident Outline: Staff member physically assaulted by consumer.  
Body Part Affected: Right Top Of Head  
Body Part Most Affected: Right Top Of Head  
Has this incident also affected your psychological wellbeing?:  
Has this incident affected your work?: No How much time was lost: Minor injury or illness - no lost time  
Has the incident caused any impacts on service delivery?: No Type of impact:  
Was there any plant/equipment involved?: No  
Provide Details:  
Plant Asset/Serial Number:  
Has a mainet been submitted?: No Mainet Date: Mainet Number:  
Treatment Required: No  
Treatment given:  
Details of Other (Treatment):  
Has your HSR been notified?: No  
Is a claim for workers compensation required?: No  
Have medical expenses occured or likely?: No Value of medical expenses:  
Is a return to work plan required?:  
Details (Return to work):  
What task was being performed at the time of the incident?: [REDACTED]  
Incident related to the task?: Yes Do you have experience in performing this task?: Yes  
Experience (months):  
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: Yes Experience (years):  
Details of Other Training: Training recieved:  
Was personal protective equipment being worn?: Not Applicable Details of PPE used: None  
Other PPE Details:  
Were there any witnesses?: Yes  
Witness #1 Name: Belinda Woodwrad Witness # 1 Phone:  
Witness #2 Name: Witness # 2 Phone:  
Witness #3 Name: Witness #3 Phone:



Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes

Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Physical

Discrimination Involved (i.e. source)?:

Alleged form of discrimination:

Has this happened before (reoccurrence)?: No

Name of alleged perpetrator: [REDACTED]

Gender of alleged perpetrator: Male

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status: Permanent Part-Time

Hours worked per week: Other

Work Unit: HCNAB

Section: Adult Acute Mental Health Services

Are you a shift worker?: Yes

How many hours have you worked this shift?:

Standard or rotating work:

Manager name: Leanne Done

The reporter is: The person affected by the incident

Reporter's Name: [REDACTED]

Details of other (position):

Provide a thorough investigation of the incident: [REDACTED]

Who completed the investigation?: Leanne Done

What control measures have been put in place?: Meeting Scheduled 21/6. Took paracetamol for headache, no ongoing issues. [REDACTED]. No days lost from this incident - Staff member has take 1 day off due to another incident on the same day.

Managers Additional comments:

Was there a Dangerous Substance involved in the incident?: No

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident?: No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression

Details of Other: Both physical and verbal aggression

Details of Other (discrimination):

Details of Other (alleged form):

URN: [REDACTED]

Details of other gender:

Other hours worked:

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Adult Mental Health Unit (AMHU)

Start time:

Intended length of shift:

Manager phone: 61745406

Reporter's Position: Enrolled Nurse

Review Date: 18 June 2018

How much of the Dangerous Substance was involved?:

Was the site preserved?: No

WorkSafe ACT Notification Method:

Persons Position:

Police Notification Time:

Police Job Number:

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects

Outcome: Insignificant

Risk Rating: M

Notifiable Incident: No

Serious Injury or Illness: Dangerous Incident:

Investigation/Findings adequate?: Yes

Controls adequate report: No

Needlestick/sharp/splash/splash/bite Incident: No

Property Management & Maintenance: No

Fire/Emergency/Evacuations/Parking/Fleet: No

Bio-Medical: No

Sterilising: No

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons

Potential Risk Rating: NIR Attached: No

Control hierarchy: Security Related Incident: No

Cleaning/Waste Environmental: No

Food Services: No

Radiation/Medical Physics: No

Infection Control: No

Significant Incident Type:

Significant Incident Level:  
 SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No  
 Is this a Dangerous Substances Related?: No  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or prohibited substance?: No  
 Is there an occupational threshold associated with this substance?: No  
 Does this substance requiring health monitoring?: No

Details of other:

Details:

Details Threshold:

Details Monitoring:

**Significant Incident Details**

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities :

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still required: No

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still required: No

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

**Journal Entries**

| <u>Date/Time</u>   | <u>Journal Entry</u>   | <u>Reference</u> | <u>Cost</u> |
|--------------------|--|------------------|-------------|
| Journal Type:      | Action Taken   |                  |             |
| Created by:        | Reviewer 2, Workplace Safety   |                  |             |
| 18 Jun 18 09:25:00 | DO NOT REPLY TO THIS AUTO GENERATED EMAIL  |                  |             |
|                    | You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR). |                  |             |
|                    | Please complete the required fields in the 'ORANGE' Managers section   |                  |             |
|                    | 1. Provide a thorough investigation of the incident  |                  |             |
|                    | 2. Review Date   |                  |             |
|                    | 3. What control measures have been put in place?   |                  |             |
|                    | For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au   |                  |             |
|                    | Thank you for your assistance.   |                  |             |
|                    | Actioned: No   | Mail Sent On:    | 25 Jun 18   |
|                    | Linked Document Path:  |                  |             |

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED]  
 First Name: [REDACTED]  
 Gender: [REDACTED]  
 Date of Birth: [REDACTED]  
 Contact Number:  
 Job Title:  
 Is this a Student/Volunteer Incident?:  
 Is this a contractor incident?: No  
 Details of Other:  
 Has the ACT Health Contractor Induction been completed?: No  
 Incident Type (Hazard, Incident): Incident  
 Incident Date: [REDACTED]  
 Notification Date: [REDACTED]  
 Total days to report (days): 0.1

Related Incident ID:  
 Surname: [REDACTED]  
 Age:  
 Contractor Company:  
 Induction Date:  
 Has a staff injury been sustained?: Yes  
 Incident Time: 17:10  
 Notification Time: 19:05  
 Work Start Time: 13:00

Provide a brief Summary of the incident?: [REDACTED]  
 Provide more details of the incident?: [REDACTED]

Incident Outline: Staff member bitten by aggressive patient.  
 Body Part Affected: Back Right Palm  
 Front Right Palm  
 Body Part Most Affected: Back Right Palm

Has this incident also affected your psychological wellbeing?:  
 Has this incident affected your work?: No  
 How much time was lost: Minor injury or illness - no lost time  
 Has the incident caused any impacts on service delivery?: No  
 Type of impact:  
 Was there any plant/equipment involved?: No  
 Provide Details:

Plant Asset/Serial Number:  
 Has a mainet been submitted?: No  
 Mainet Date:  
 Mainet Number:  
 Treatment Required: Yes  
 Treatment given: First aid or alternative treatment  
 On site health centre/emergency department  
 Other

Details of Other (Treatment): Yes  
 Has your HSR been notified?: No  
 Is a claim for workers compensation required?: No  
 Have medical expenses occurred or likely?: No  
 Value of medical expenses:  
 Is a return to work plan required?:  
 Details (Return to work):

What task was being performed at the time of the incident?: [REDACTED]  
 Incident related to the task?: Yes  
 Do you have experience in performing this task?: Yes  
 Experience (months): 2  
 Experience (years): 17  
 Have you recieved specific training in the task/work being performed at the time of the accident/incident?: Yes  
 Training recieved:  
 Details of Other Training:  
 Was personal protective equipment being worn?: Yes  
 Details of PPE used: Other

Other PPE Details: Gloves were worn

Were there any witnesses?: Yes

Witness #1 Name: Belinda Woodward EEN  
 Witness #2 Name: Abigail Thurling RN  
 Witness #3 Name:

Does the incident involve  
 claimed  
 Violence/Aggression/Discrimination or Bullying/Harassment?: Yes

Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment:  
 Discrimination Involved (i.e. source?): Physical

Alleged form of discrimination:  
 Has this happened before (reoccurrence?): No

Name of alleged perpetrator: [REDACTED]

Gender of alleged perpetrator: Female

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status:  
 Hours worked per week:  
 Work Unit: HCNAB

Section: Adult Acute Mental Health Services

Are you a shift worker?: No

How many hours have you worked this shift?:

Standard or rotating work:  
 Manager name: Leanne Done  
 The reporter is: The person affected by the incident

Reporter's Name: [REDACTED]

Details of other (position):

Provide a thorough investigation of the incident: [REDACTED], consumer bit staff members hand.

Who completed the investigation?: Leanne Done

What control measures have been put in place?: [REDACTED]

Managers Additional comments:  
 Was there a Dangerous Substance involved in the incident?: No

Name of the Dangerous Substance:  
 Is this a WorkSafe ACT Notifiable Incident?: No

WorkSafe ACT Notification Date:

Name of the person who notified:  
 Name of inspector spoken to:  
 Deceased: No  
 Police Notified?: No

Police Notification Date:  
 Name of Officer Notified:  
 De-Identified Information:

Witness # 1 Phone:  
 Witness # 2 Phone:  
 Witness #3 Phone:

Type of claimed Violence/Aggression: Violence/Aggression

Violence/Aggression/Bullying/Harassment/Discrimination:

Details of Other:  
 Details of Other (discrimination):  
 Details of Other (alleged form):

URN: [REDACTED]

Details of other gender:

Other hours worked:  
 Division: Mental & Justice Health, Alcohol & Drug Services  
 Sub Section: Adult Mental Health Unit (AMHU)

Start time:  
 Intended length of shift:  
 Manager phone: 61745406

Reporter's Position: Enrolled Nurse

Review Date: 18 June 2018

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects

Outcome: Insignificant

Risk Rating: M

Notifiable Incident: No

Serious Injury or Illness:  
 Dangerous Incident:

Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons

Potential Risk Rating:  
 NIR Attached: No

Investigation/Findings adequate?: Yes  
 Controls adequate report: No  
 Needlestick/sharp/splash/scratch/bite Incident: No  
 Property Management & Maintenance: No  
 Fire/Emergency/Evacuations/Parking/Fleet: No  
 Bio-Medical: No  
 Sterilising: No  
 Significant Incident Level: SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No  
 Is this a Dangerous Substances Related?: No  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or prohibited substance?: No  
 Is there an occupational threshold associated with this substance?: No  
 Does this substance requiring health monitoring?: No

Control hierarchy:  
 Security Related Incident: No  
 Cleaning/Waste Environmental: No  
 Food Services: No  
 Radiation/Medical Physics: No  
 Infection Control: No  
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

### Significant Incident Details

Significant Incident Category:  
 Person Responsible for SI Report:  
 Initial SI Report: No  
 Media Interest: No  
 Complaint by Family/Carer: No  
 Circumstances Likely to evoke service sensitivities :  
 Initial SI Comments:  
 Initial Report Submitted: No  
 Initial Report Submitted By:  
 Interim SI Report: No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical Review/Investigation Status:  
 Interim ongoing action still required: No  
 Interim SI Comments:  
 Interim Report Submitted: No  
 Interim Report Submitted By:  
 Final SI Report: No  
 Final Status Update:  
 Final Investigation Type:  
 Final Clinical Review/Investigation Status:  
 Final ongoing action still required: No  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By:

Date Initial Report Submitted:

Date Interim Report Submitted:

Date Final Report Submitted:

### Journal Entries

Date/Time

Journal Entry

Reference

575

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

18 Jun 18 09:39:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6205 0888 [workplacesafety@act.gov.au](mailto:workplacesafety@act.gov.au)

Thank you for your assistance.

Actioned: No

Mail Sent On:

25 Jun 18

Linked Document Path:

## Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED] Related Incident ID:

First Name: [REDACTED] Surname: [REDACTED]

Gender: Female

Date of Birth: [REDACTED] Age: [REDACTED]

Contact Number: [REDACTED]

Job Title: [REDACTED]

Is this a Student/Volunteer Incident?:

Is this a contractor incident?: No Contractor Company:

Details of Other:

Has the ACT Health Contractor Induction been completed?: No Induction Date:

Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: No

Incident Date: [REDACTED] Incident Time: 18:45

Notification Date: [REDACTED] Notification Time: 18:59

Total days to report (days): 0 Work Start Time: 12:00

Provide a brief Summary of the incident?: [REDACTED]

Provide more details of the incident?: N/A

Incident Outline: Staff member uncomfortable in the presence of a consumer.

Body Part Affected: None

Body Part Most Affected: None

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: Yes How much time was lost: No injury or illness - hazardous situation

Has the incident caused any impacts on service delivery?: No Type of impact:

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No Mainet Number:

Mainet Date:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No Value of medical expenses:

Is a return to work plan required?: No

Details (Return to work):

What task was being performed at the time of the incident?: [REDACTED]

Incident related to the task?: No Do you have experience in performing this task?: No

Experience (months):

Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No Experience (years):

Details of Other Training:

Was personal protective equipment being worn?: Not Applicable Details of PPE used: None

Other PPE Details:

Were there any witnesses?: Yes

Witness #1 Name: Busi Witness # 1 Phone:

Witness #2 Name: Stanley RN Witness # 2 Phone:

Witness #3 Name: Witness #3 Phone:

Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression

Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Verbal Details of Other:



Discrimination Involved (i.e. source)?:

Alleged form of discrimination:

Has this happened before (reoccurrence)? No

Name of alleged perpetrator: [REDACTED]

Gender of alleged perpetrator:

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status: Temporary Full-Time

Hours worked per week: 36 Hrs 45 Mins

Work Unit: HCNAB

Section: Adult Acute Mental Health Services

Are you a shift worker? Yes

How many hours have you worked this shift? 7

Standard or rotating work: Shift rotation not known

Manager name: Tessa Sealey

The reporter is: The person affected by the incident

Reporter's Name: [REDACTED]

Details of other (position):

Provide a thorough investigation of the incident: Follow up occurred at the time of the SAIR report in supporting the staff member and giving advice to all the reception staff. [REDACTED]

Who completed the investigation?: MHJHADS Access and Acute Services Director

What control measures have been put in place?: Mitigate - strategies to admin staff to manage nuisance or aggressive calls, including communication with community team. Office manager has ensured training for managing difficult phone calls.

Managers Additional comments:

Was there a Dangerous Substance involved in the incident? No

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident? No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

Details of Other (discrimination):

Details of Other (alleged form):

URN:

Details of other gender:

Other hours worked:

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Adult Mental Health Unit (AMHU)

Start time:

Intended length of shift: Shift duration of up to and including 8 hrs

Manager phone: 61745404

Reporter's Position: Administrative Officer

Review Date: 19 June 2018

How much of the Dangerous Substance was involved?:

Was the site preserved?: No

WorkSafe ACT Notification Method:

Persons Position:

Police Notification Time:

Police Job Number:

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 8 - Mental stress

Outcome: Minor

Risk Rating: L

Notifiable Incident: No

Serious Injury or Illness: Dangerous Incident:

Investigation/Findings adequate?: Yes

Controls adequate report: Yes

Needlestick/sharp/splash/scratches/bite Incident: No

Property Management & Maintenance: No

Fire/Emergency/Evacuations/Parking/Fleet: No

Bio-Medical: No

Sterilising: No

Significant Incident Level: SI Details:

Has an Occupational Risk Exposure (ORE) Occurred?: No

Is this a Dangerous Substances Related?: No

Subcategory of Mechanism of Incident : 82 Exposure to workplace or occupational violence

Potential Risk Rating: NIR Attached: No

Control hierarchy: Administrative Controls

Security Related Incident: No

Cleaning/Waste Environmental: No

Food Services: No

Radiation/Medical Physics: No

Infection Control: No

Significant Incident Type:

What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or prohibited substance? No  
 Is there an occupational threshold associated with this substance? No  
 Does this substance require health monitoring? No

Details of other:  
 Details:  
 Details Threshold:  
 Details Monitoring:

**Significant Incident Details**

Significant Incident Category:  
 Person Responsible for SI Report:  
 Initial SI Report: No  
 Media Interest: No  
 Complaint by Family/Carer: No  
 Circumstances Likely to evoke service sensitivities :  
 Initial SI Comments:  
 Initial Report Submitted: No  
 Initial Report Submitted By: Date Initial Report Submitted:  
 Interim SI Report: No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical Review/Investigation Status:  
 Interim ongoing action still required: No  
 Interim SI Comments:  
 Interim Report Submitted: No  
 Interim Report Submitted By: Date Interim Report Submitted:  
 Final SI Report: No  
 Final Status Update:  
 Final Investigation Type:  
 Final Clinical Review/Investigation Status:  
 Final ongoing action still required: No  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By: Date Final Report Submitted:

**Journal Entries**

| <u>Date/Time</u>   | <u>Journal Entry</u>   | <u>Reference</u> | <u>Cost</u> |
|--------------------|--|------------------|-------------|
| Journal Type:      | Action Taken   |                  |             |
| Created by:        | Reviewer 3, Workplace Safety   |                  |             |
| 20 Jun 18 11:30:00 | DO NOT REPLY TO THIS AUTO GENERATED EMAIL  |                  |             |
|                    | You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR). |                  |             |
|                    | Please complete the required fields in the 'ORANGE' Managers section   |                  |             |
|                    | 1. Provide a thorough investigation of the incident  |                  |             |
|                    | 2. Review Date   |                  |             |
|                    | 3. What control measures have been put in place?   |                  |             |
|                    | For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au   |                  |             |
|                    | Thank you for your assistance.   |                  |             |
|                    | Actioned: Yes  | Mail Sent On:    | 27 Jun 18   |
|                    | Linked Document Path:  |                  |             |

**Documents**

No Attached Documents.

- End of Record -

AGS/ ID Number: [Redacted]  
First Name: [Redacted]  
Gender: Female  
Date of Birth: [Redacted]  
Contact Number: AIN  
Job Title:

Related Incident ID:  
Surname: [Redacted]  
Age: [Redacted]

Is this a Student/Volunteer Incident?:  
Is this a contractor incident?: No  
Details of Other:

Contractor Company:

Has the ACT Health Contractor Induction been completed?: No  
Incident Type (Hazard, Incident): Incident

Induction Date:

Has a staff injury been sustained?: No

Incident Date: [Redacted]  
Notification Date: [Redacted]  
Total days to report (days): 1

Incident Time: 14:00  
Notification Time: 14:20  
Work Start Time: 07:00

Provide a brief Summary of the [Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

Provide more details of the incident?: [Redacted]

Incident Outline: Staff member physically assaulted by consumer.  
Body Part Affected: Front Left Upper Arm  
Front Right Upper Arm  
Body Part Most Affected: Front Right Upper Arm

Has this incident also affected your psychological wellbeing?:  
Has this incident affected your work?: No  
Has the incident caused any impacts on service delivery?: No  
Was there any plant/equipment involved?: No

How much time was lost: No injury or illness - hazardous situation  
Type of impact:

Provide Details:

Plant Asset/Serial Number:  
Has a mainet been submitted?: No  
Mainet Date:  
Treatment Required: No  
Treatment given:

Mainet Number:

Details of Other (Treatment):  
Has your HSR been notified?: No  
Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No  
Is a return to work plan required?:  
Details (Return to work):

Value of medical expenses:

What task was being performed at the time of the incident?: [Redacted]  
Incident related to the task?: Yes

Do you have experience in performing this task?: Yes  
Experience (years): 2  
Training recieved: Vocational/task-specific training

Experience (months): 30  
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: Yes  
Details of Other Training:

Was personal protective equipment being worn?: Not Applicable  
Other PPE Details:

Details of PPE used: None

Were there any witnesses?: Yes  
Witness #1 Name: Shaun Bayliss  
Witness #2 Name:  
Witness #3 Name:

Witness # 1 Phone: 261745444  
Witness # 2 Phone:  
Witness #3 Phone:

Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes

Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Physical

Discrimination Involved (i.e. source?): Patient/Client/Consumer

Alleged form of discrimination: No

Has this happened before (reoccurrence?): No

Name of alleged perpetrator: [REDACTED]

Gender of alleged perpetrator: Female

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status: Permanent Part-Time

Hours worked per week: Other

Work Unit: HCNAB

Section: Adult Acute Mental Health Services

Are you a shift worker?: No

How many hours have you worked this shift?:

Standard or rotating work:

Manager name: Kelly Chase

The reporter is: The person affected by the incident

Reporter's Name: [REDACTED]

Details of other (position):

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression

Details of Other:

Details of Other (discrimination):

Details of Other (alleged form):

URN: [REDACTED]

Details of other gender:

Other hours worked: 24 hours

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Adult Mental Health Unit (AMHU)

Start time:

Intended length of shift:

Manager phone: 261745452

Reporter's Position: Assistant in Nursing

Provide a thorough investigation of the incident: [REDACTED]

Who completed the investigation?: Kelly Chase

Review Date: 28 June 2018

What control measures have been put in place?: [REDACTED]

-Staff member PART trained

Staff follow up:

-Stated had some initial pain over surgery scar on right should but did not last.

-EAP assistance offered but staff member does not feel needs at this time.

-Nil first aid required.

Managers Additional comments:

Was there a Dangerous Substance involved in the incident?: No

Name of the Dangerous Substance:

How much of the Dangerous Substance was involved?:

Is this a WorkSafe ACT Notifiable Incident?: No

Was the site preserved?: No

WorkSafe ACT Notification Date:

WorkSafe ACT Notification Method:

Name of the person who notified:

Persons Position:

Name of Inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Police Notification Time:

Name of Officer Notified:

Police Job Number:

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects

Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons

Outcome: Insignificant

Risk Rating: M

Potential Risk Rating:

Notifiable Incident: No

NIR Attached: No

Serious Injury or Illness:

Dangerous Incident:

Investigation/Findings adequate?: Yes

Controls adequate report: Yes  
 Needlestick/sharp/splash/scratch/bite Incident: No  
 Property Management & Maintenance: No  
 Fire/Emergency/Evacuations/Parking/Fleet: No  
 Bio-Medical: No  
 Sterilising: No  
 Significant Incident Level: SI Details:  
 Has an Occupational Risk Exposure (ORE) Occurred?: No  
 Is this a Dangerous Substances Related?: No  
 What was the nature of the potential Dangerous Substances exposure?:  
 What was the route of potential exposure?:  
 Is the substance a restricted or prohibited substance?: No  
 Is there an occupational threshold associated with this substance?: No  
 Does this substance requiring health monitoring?: No

Control hierarchy: Administrative Controls  
 Security Related Incident: No  
 Cleaning/Waste Environmental: No  
 Food Services: No  
 Radiation/Medical Physics: No  
 Infection Control: No  
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

### Significant Incident Details

Significant Incident Category:  
 Person Responsible for SI Report:  
 Initial SI Report: No  
 Media Interest: No  
 Complaint by Family/Carer: No  
 Circumstances Likely to evoke service sensitivities :  
 Initial SI Comments:  
 Initial Report Submitted: No  
 Initial Report Submitted By:  
 Interim SI Report: No  
 Interim Status Update:  
 Interim Investigation Type:  
 Interim Clinical Review/Investigation Status:  
 Interim ongoing action still required: No  
 Interim SI Comments:  
 Interim Report Submitted: No  
 Interim Report Submitted By:  
 Final SI Report: No  
 Final Status Update:  
 Final Investigation Type:  
 Final Clinical Review/Investigation Status:  
 Final ongoing action still required: No  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By:

Date Initial Report Submitted:

Date Interim Report Submitted:

Date Final Report Submitted:

### Journal Entries

Date/Time

Journal Entry

Reference

582

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

21 Jun 18 09:15:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6205 0888 [workplacesafety@act.gov.au](mailto:workplacesafety@act.gov.au)

Thank you for your assistance.

Actioned: Yes

Mail Sent On: 28 Jun 18

Linked Document Path:

## Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED]

First Name: [REDACTED]

Gender: Female

Date of Birth:

Contact Number:

Job Title:

Is this a Student/Volunteer

Incident?:

Is this a contractor incident?: No

Details of Other:

Has the ACT Health Contractor

Induction been completed?: No

Incident Type (Hazard, Incident): Incident

Incident):

Incident Date: [REDACTED]

Notification Date: [REDACTED]

Total days to report (days): 0

Related Incident ID:

Surname: [REDACTED]

Age:

Contractor Company:

Induction Date:

Has a staff injury been sustained?: Yes

Incident Time: 18:20

Notification Time: 18:35

Work Start Time:

Provide a brief Summary of the incident?:

[REDACTED]

Provide more details of the incident?:

[REDACTED]

Incident Outline: Staff member physically assaulted by patient.

Body Part Affected: Front Left Upper Arm

Body Part Most Affected: Front Left Upper Arm

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: Yes

Has the incident caused any impacts on service delivery?: No

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No

Is a return to work plan required?:

Details (Return to work):

How much time was lost: Less than a full day of work was lost

Type of impact:

Mainet Number:

Value of medical expenses:

What task was being performed at the time of the incident?: [Redacted]

Incident related to the task?: No

Do you have experience in performing this task?: No

Experience (months):

Have you recieved specific training in the task/work being performed at the time of the accident/incident?: Yes

Experience (years): Training recieved: Other training

Details of Other Training: PART training.

Was personal protective equipment being worn?: No

Details of PPE used: None

Other PPE Details:

Were there any witnesses?: No

Witness #1 Name:

Witness # 1 Phone:

Witness #2 Name:

Witness # 2 Phone:

Witness #3 Name:

Witness #3 Phone:

Does the incident involve claimed

Type of claimed Violence/Aggression/ Bullying/Harassment/Discrimination: Violence/Aggression

Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Physical

Details of Other:

Discrimination Involved (i.e. source)?:

Details of Other (discrimination):

Alleged form of discrimination:

Details of Other (alleged form):

Has this happened before (reoccurrence)?: Yes

Name of alleged perpetrator:

URN: [Redacted]

Gender of alleged perpetrator: Female

Details of other gender:

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status:

Hours worked per week:

Other hours worked:

Work Unit: HCNAB

Division: Mental & Justice Health, Alcohol & Drug Services

Section: Adult Acute Mental Health Services

Sub Section: Adult Mental Health Unit (AMHU)

Are you a shift worker?: Yes

How many hours have you worked this shift?: 5

Start time:

Standard or rotating work:

Intended length of shift:

Manager name: Leanne Done

Manager phone: 0261745454

The reporter is: The person affected by the incident

Reporter's Name: [Redacted]

Reporter's Position: Registered Nurse / Midwife

Details of other (position):

Provide a thorough investigation of the incident:

[Redacted] Does not re-call if was a slap or punch but sustained small bruising to arm and redness on cheek. Colleges quickly provided support after duress called.

-T/L on shift offered EAP and offered if they needed to they could leave shift early. Only left 15min prior to end of shift.

-did not require first aid and did not seek medical follow up.

Who completed the investigation?: Kelly Chase

Review Date: 10 July 2018

What control measures have been put in place?:

-Staff member offered insight into need for clearer communication in future from herself in regards to use of Mobile devices in HDU.

[Redacted]

Managers Additional comments:

Was there a Dangerous Substance involved in the incident?: No

Name of the Dangerous Substance:

How much of the Dangerous Substance was involved?:

Is this a WorkSafe ACT Notifiable Incident?: No

Was the site preserved?: No



WorkSafe ACT Notification Date:

WorkSafe ACT Notification

Method:

Persons Position:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

Police Notification Time:

Police Job Number:

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons

Outcome: Minor

Risk Rating: M

Potential Risk Rating:

Notifiable Incident: No

NIR Attached: No

Serious Injury or Illness:

Dangerous Incident:

Investigation/Findings adequate?: Yes

Controls adequate report: Yes

Needlestick/sharp/splash/scratch/bite Incident: No

Property Management & Maintenance: No

Fire/Emergency/Evacuations/Parking/Fleet: No

Bio-Medical: No

Sterilising: No

Significant Incident Level:

SI Details:

Has an Occupational Risk Exposure (ORE) Occurred?: No

Is this a Dangerous Substances Related?: No

What was the nature of the potential Dangerous Substances exposure?:

What was the route of potential exposure?:

Is the substance a restricted or prohibited substance?: No

Is there an occupational threshold associated with this substance?: No

Does this substance requiring health monitoring?: No

Control hierarchy: Administrative Controls

Security Related Incident: No

Cleaning/Waste Environmental: No

Food Services: No

Radiation/Medical Physics: No

Infection Control: No

Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

**Significant Incident Details**

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities :

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still required: No

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Date Initial Report Submitted:

Date Interim Report Submitted:

Final Clinical  
 Review/Investigation Status:  
 Final ongoing action still No  
 required:  
 Final SI Comments:  
 Final Report Submitted: No  
 Final Report Submitted By:

Date Final Report Submitted:

### Journal Entries

| <u>Date/Time</u>   | <u>Journal Entry</u>  | <u>Reference</u> | <u>Cost</u> |
|--------------------|---|------------------|-------------|
| Journal Type:      | Action Taken  |                  |             |
| Created by:        | Reviewer 2, Workplace Safety  |                  |             |
| 25 Jun 18 09:47:00 | DO NOT REPLY TO THIS AUTO GENERATED EMAIL   |                  |             |
|                    | <p>You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).</p> <p>Please complete the required fields in the 'ORANGE' Managers section</p> <ol style="list-style-type: none"> <li>1. Provide a thorough investigation of the incident</li> <li>2. Review Date</li> <li>3. What control measures have been put in place?</li> </ol> <p>For additional advice please contact the Workplace Safety support line on 6205 0888 <a href="mailto:workplacesafety@act.gov.au">workplacesafety@act.gov.au</a></p> <p>Thank you for your assistance.</p> <p>Actioned: Yes</p> <p>Linked Document Path:</p> |                  |             |
|                    |   | Mail Sent On:    | 02 Jul 18   |

### Documents

No Attached Documents.

- End of Record -