

AGS/ ID Number: [REDACTED]

First Name: [REDACTED]

Gender: Female

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:

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?: [REDACTED] shoulder barged author this morning while walking down the corridor to have a visit [REDACTED]

Provide more details of the incident?: [REDACTED]

Incident Outline: Staff member physically assaulted by patient.

Body Part Affected: Front Right Upper Arm

Right Front Shoulder

Body Part Most Affected: Right Front Shoulder

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 occured 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?: [REDACTED]

Incident related to the task?: Yes

Experience (months): 2

Have you recieved specific

training in the task/work being

performed at the time of the

accident/incident?:

Details of Other Training:

Was personal protective

equipment being worn?: Not Applicable

Other PPE Details:

Were there any witnesses?: Yes

Witness #1 Name: [REDACTED]

Witness #2 Name: [REDACTED]

Witness #3 Name:

Contractor Company:

Induction Date:

Has a staff injury been sustained?: No

Incident Time: 11:25

Notification Time: 14:06

Work Start Time: 07:00

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?: Yes

Experience (years): 17

Training recieved:

Details of PPE used: None

Witness # 1 Phone:

Witness # 2 Phone:

Witness #3 Phone:

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 Yes  
 (reoccurrence)?:  
 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: Component or rotating shift  
 work arrangement  
 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 Email to the staff member enquiring about the recovery of their arm and shoulder. Also requested  
 of the incident: they use an AMHU manager profile when submitting all Riskman to assist with timely follow up.  
 Who completed the MHJHADS Access and Acute  
 investigation?: Services Director  
 What control measures have Admin - timely follow up with staff to ensure wellbeing following incidents.  
 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:

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: 61745406  
 Reporter's Position: Enrolled Nurse  
 Review Date: 16 July 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 Yes  
 adequate?:  
 Controls adequate report: No  
 Needlestick/sharp/splash/scratc No  
 h/bite Incident:  
 Property Management & No  
 Maintenance:  
 Fire/Emergency/Evacuations/Pa No  
 rking/Fleet:  
 Bio-Medical: No  
 Sterilising: No

Subcategory of Mechanism of 29 Being assaulted by a person  
 Incident : 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 Level:

Significant Incident Type:

589

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 : 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

<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 09:42:00	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:	02 Jul 18
	Linked Document Path:		

No Attached Documents.

- End of Record -

<p>AGS/ ID Number: [REDACTED]                  First Name: [REDACTED]                  Gender: Female                  Date of Birth: [REDACTED]                  Contact Number: [REDACTED]                  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): 0.2                  Provide a brief Summary of the incident?: Author was pushed by a consumer                  Provide more details of the incident?: [REDACTED]                  Incident Outline: Staff member pushed by consumer.                  Body Part Affected: 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                  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?:                  Details of Other Training:                  Was personal protective equipment being worn?: Not Applicable                  Other PPE Details:                  Were there any witnesses?: Yes                  Witness #1 Name: Kerrie Gibson                  Witness #2 Name:                  Witness #3 Name:                  Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?:                  Who was involved? (ie. source): Patient/Client/Consumer                  Form of violence/aggression or bullying/harassment:                  Discrimination Involved (i.e. source?):                  Alleged form of discrimination:</p>	<p>Related Incident ID:                  Surname: [REDACTED]                  Age: [REDACTED]                  Contractor Company:                  Induction Date:                  Has a staff injury been sustained?: No                  Incident Time: 16:00                  Notification Time: 21:08                  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: 61745445                  Witness # 2 Phone:                  Witness #3 Phone:                  Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression                  Details of Other:                  Details of Other (discrimination):                  Details of Other (alleged form):</p>
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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:  
 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?: Start time:  
 Standard or rotating work: Intended length of shift:  
 Manager name: Kellie Chase Manager phone: 45452  
 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]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 -Staff member denies any injury or requiring first aid.  
 [REDACTED]  
 [REDACTED]  
 -Have offered EAP and any further support staff member may need from us but states that they are fine.  
 Who completed the investigation?: kelly chase Review Date: 29 June 2018  
 What control measures have been put in place?:  
 [REDACTED]  
 [REDACTED]  
 [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:  
 How much of the Dangerous Substance was involved?:  
 Was the site preserved?: No  
 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: 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/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  
 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 : 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**

<u>Date/Time</u>	<u>Journal Entry</u>	<u>Reference</u>	<u>Cost</u>
Journal Type:	Action Taken		
Created by:	Reviewer 3, Workplace Safety		
26 Jun 18 12:07:00	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 <a href="mailto:workplacesafety@act.gov.au">workplacesafety@act.gov.au</a>  Thank you for your assistance. Actioned: Yes Linked Document Path:		
		Mail Sent On:	03 Jul 18

**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?: No  
Incident Date: [REDACTED] Incident Time: 06:59  
Notification Date: [REDACTED] Notification Time: 22:04  
Total days to report (days): 1.6 Work Start Time:  
Provide a brief Summary of the incident?: [REDACTED]  
Provide more details of the incident?: [REDACTED]  
Incident Outline: Consumer aggressive to staff  
Body Part Affected: Psychological  
Body Part Most Affected: Psychological  
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?: Yes Type of impact: Minor service interruption less than 1 day lost  
Was there any plant/equipment involved?: Yes  
Provide Details: remove of to card reader in entry corridor from [REDACTED], [REDACTED], exposing electrical wires and sealing 2 fire doors.  
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?: Yes  
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?:  
Details (Return to work):  
What task was being performed at the time of the incident?: Regular Nursing Duties.  
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): 20  
Details of Other Training: PART Training recieved: Induction training  
Was personal protective equipment being worn?: Yes Other training  
Other PPE Details: Duress Handset  
Were there any witnesses?: Yes Details of PPE used: Other  
Witness #1 Name: Taylor Schmidt Witness #1 Phone:  
Witness #2 Name: Melissa Austin Witness #2 Phone:  
Witness #3 Name: 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: Verbal

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: Shaun Bayliss

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?: Kelly Chase

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:

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: 0261745444

Reporter's Position: Registered Nurse / Midwife

[Redacted] . Discussed support options and self care as acknowledged stressful environment.

Review Date: 10 July 2018

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 8 - Mental stress

Outcome: Insignificant

Risk Rating: M

Notifiable Incident: No

Serious Injury or Illness:

Dangerous Incident:

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

Potential Risk Rating:

NIR Attached: No

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

Control hierarchy: Engineering Controls  
 Security Related Incident: Yes  
 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

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

Date/Time

Journal Entry

Reference

598

Cost

Journal Type:

Action Taken

Created by:

Reviewer 3, Workplace Safety

02 Jul 18 12:29:00

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: 09 Jul 18

Linked Document Path:

## Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED] Related Incident ID: [REDACTED]  
First Name: [REDACTED] Surname: [REDACTED]  
Gender: Undefined  
Date of Birth: [REDACTED] Age: [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): Hazard Has a staff injury been sustained?: No  
Incident Date: [REDACTED] Incident Time: 23:30  
Notification Date: [REDACTED] Notification Time: 01:00  
Total days to report (days): [REDACTED] Work Start Time: [REDACTED]  
Provide a brief Summary of the incident?: [REDACTED]  
Provide more details of the incident?: [REDACTED]  
Incident Outline: Consumer presented a wire 'shank' to staff member.  
Body Part Affected: [REDACTED]  
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 Number: [REDACTED]  
Mainet Date: [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?: [REDACTED]  
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): [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: [REDACTED]  
Other PPE Details: [REDACTED]  
Were there any witnesses?: No  
Witness #1 Name: [REDACTED] Witness # 1 Phone: [REDACTED]  
Witness #2 Name: [REDACTED] 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: Other  
Discrimination Involved (i.e. source)?:  
Alleged form of discrimination:  
Has this happened before (reoccurrence)?:  
Name of alleged perpetrator:  
Gender of alleged perpetrator:  
Physical Location:  
Employment Status:  
Hours worked per week:  
Work Unit:  
Section:  
Are you a shift worker?:  
How many hours have you worked this shift?:  
Standard or rotating work:  
Manager name:  
The reporter is::  
Reporter's Name:  
Details of other (position):  
Provide a thorough investigation of the incident:

Details of Other: Handling in Weapon 600  
Details of Other (discrimination):  
Details of Other (alleged form):  
URN:  
Details of other gender:  
Other hours worked:  
Division:  
Sub Section:  
Start time:  
Intended length of shift:  
Manager phone:  
Reporter's Position:

Leanne Done  
The person affected by the incident  
Registered Nurse / Midwife  
Property damage in AMHU noted on the 8/7, tap removed from wall reported Riskman 767374.

Who completed the investigation?: Leanne Done  
Review Date: 14 September 2018

What control measures have been put in place?: Administrative-Reinforced relevant Clinical Guidelines including – Identification, Mitigation and Management of Aggression and Violence for MHJHA&DS, Seclusion of Persons with Mental Illness or Mental Disorder Detained under the Mental Health Act 2015, Care of Persons subject to Psychiatric Treatment Orders (PTOs), Consumer and consumers room searched compliant with – Searching of a Consumer's Property. Prohibited items removed.

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: 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

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/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

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

11 Jul 18 16:00:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have been identified as the manager of a staff member who submitted a Clinical Incident Report involving occupational violence. This is also required to be reported as a Staff Incident.

A Staff Incident has been created using the information entered within the Clinical Incident. However further mandatory fields need to be completed within the Staff Incident. Please ensure the staff member completes these mandatory fields.

Please then complete the following 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: 18 Jul 18

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

11 Jul 18 16:01:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have lodged a Clinical Incident involving occupational violence that is also required to be reported as a Staff Incident.

A Staff Incident has been created using information that you entered into the Clinical Incident. Please review the Staff Incident and complete the additional mandatory fields required.

A Staff Incident is required to be lodged for statistical purposes and so that it can be investigated as a staff incident.

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: 18 Jul 18

Documents

No Attached Documents.

- End of Record -



Staff Incident ID: 720718

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

First Name: [REDACTED]      Surname: [REDACTED]

Gender: Male      Age: [REDACTED]

Date of Birth: [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?: Yes

Incident Date: [REDACTED]      Incident Time: 11:00

Notification Date: [REDACTED]      Notification Time: 14:25

Total days to report (days): 0.1      Work Start Time: 07:00

Provide a brief Summary of the incident?: Assaulted by a consumer in my nose/right eye

Provide more details of the incident?: [REDACTED]

Incident Outline: Staff member physically assaulted by consumer.

Body Part Affected: Nose

Right Eye

Body Part Most Affected: Right Eye

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?: 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 Number:

Mainet Date:

Treatment Required: Yes

Treatment given: [REDACTED]

Details of Other (Treatment):

Has your HSR been notified?: Yes

Is a claim for workers compensation required?: Yes

Have medical expenses occurred or likely?: Yes      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?:

Incident related to the task?: Yes      Do you have experience in performing this task?: Yes

Experience (months): 14      Experience (years):

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?: Not Applicable      Details of PPE used: None

Other PPE Details:

Were there any witnesses?: Yes

Witness #1 Name: Alex      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

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      Details of Other:

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

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

Has this happened before (reoccurrence)? No Details of Other (alleged form):

Name of alleged perpetrator: [REDACTED] URN: [REDACTED]

Gender of alleged perpetrator: Male Details of other gender:

Physical Location: TCH - B25

Employment Status: Permanent Full-Time

Hours worked per week: 36 Hrs 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: Component or rotating shift work arrangement Intended length of shift:

Manager name: Kelly Chase Manager phone: 45452

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] Staff member attended ED straight after the incident. Staff member is PART trained. [REDACTED]

[REDACTED] I have spoken to the staff member about EAP if needed. Staff member will be calling the AFP in regards to incident.

Who completed the investigation?: Kelly Chase Review Date: 9 January 2018

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: 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:

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/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:

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		
03 Jan 18 10:09:00	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:	10 Jan 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: RN1  
 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: 13:15  
 Notification Date: [REDACTED] Notification Time: 07:51  
 Total days to report (days): 2.8 Work Start Time: 07:00  
 Provide a brief Summary of the incident?: Assault by [REDACTED] consumer on staff member.  
 Provide more details of the incident?: [REDACTED]  
 Incident Outline: Staff member physically assaulted by consumer.  
 Body Part Affected: Back Neck  
 Front Neck  
 Left Back Shoulder  
 Left Front Shoulder  
 Psychological  
 Right Back Shoulder  
 Right Front Shoulder  
 Upper Back Left  
 Upper Back Right  
 Body Part Most Affected: Back Neck  
 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 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): No  
 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): 6 Experience (years): 4  
 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?: Yes Details of PPE used: Footwear  
 Other PPE Details: Hand Protection  
 Were there any witnesses?: Yes  
 Witness #1 Name: Dr Anthony Barker (Consultant Psychiatrist) Witness # 1 Phone: 6207 9600

Witness #2 Name: Lavinia Mau-Pohiva

Witness # 2 Phone: 6207 9600

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Witness #3 Name:

Witness #3 Phone:

Does the incident involve  
claimed

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

Violence/Aggression/Discrimination or Bullying/Harassment?:

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

Details of Other:

Form of violence/aggression or bullying/harassment: Physical

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?): Yes

Name of alleged perpetrator:

URN:

Gender of alleged perpetrator:

Details of other gender:

Physical Location: DMHU

Employment Status: Permanent Full-Time

Hours worked per week: 38 Hrs

Work Unit: HCMUS

Other hours worked:

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Secure Mental Health Unit

Section: Justice Health Services

Are you a shift worker?: Yes

Start time:

How many hours have you worked this shift?: 8

Standard or rotating work: Shift rotation not known

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

Manager phone: 62079600

Manager name: Tash Lutz

The reporter is: The person affected by the incident

Reporter's Name:

Reporter's Position: Registered Nurse / Midwife

Details of other (position):

Provide a thorough investigation of the incident:

Who completed the investigation?: a/g ADON Kirsty Taggart

Review Date: 24 January 2018

What control measures have been put in place?:

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 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: Moderate	
Risk Rating: H	Potential Risk Rating:
Notifiable Incident: No	NIR Attached: No
Serious Injury or Illness: Dangerous Incident:	
Investigation/Findings adequate?: Yes	Control hierarchy: Administrative Controls
Controls adequate report: Yes	Security Related Incident: No
Needlestick/sharp/splash/scratch/bite Incident: No	Cleaning/Waste Environmental: No
Property Management & Maintenance: No	Food Services: No
Fire/Emergency/Evacuations/Parting/Fleet: No	Radiation/Medical Physics: No
Bio-Medical: No	Infection Control: No
Sterilising: No	Significant Incident Type:
Significant Incident Level: 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

609

Cost

Journal Type:

Action Taken

Created by:

Administrator, Workplace Safety

22 Jan 18 09:42:00

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] Related Incident ID:  
First Name: [REDACTED] Surname: [REDACTED]  
Gender: Male  
Date of Birth: [REDACTED] Age: [REDACTED]  
Contact Number: [REDACTED]  
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: 13:20  
Notification Date: [REDACTED] Notification Time: 07:21  
Total days to report (days): 0.8 Work Start Time:  
Provide a brief Summary of the Incident?: Personal verbal threats from consumer [REDACTED]  
Provide more details of the incident?: [REDACTED]  
Incident Outline: Staff member verbally abused and threatened by 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: Doctor|~|Other  
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?: Not Applicable Details of PPE used: None  
Other PPE Details:  
Were there any witnesses?: Yes  
Witness #1 Name: Lavnia M P Witness # 1 Phone:  
Witness #2 Name: Arun Babu 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:  
Who was involved? (ie. source): Patient/Client/Consumer



Form of violence/aggression or bullying/harassment: Verbal  
 Discrimination Involved (i.e. source)?:  
 Alleged form of discrimination:  
 Has this happened before (reoccurrence)? No  
 Name of alleged perpetrator: [REDACTED]  
 Gender of alleged perpetrator: [REDACTED]  
 Physical Location: DMHU  
 Employment Status:  
 Hours worked per week:  
 Work Unit: HUHSM  
 Section: Secure Mental Health Unit  
 Are you a shift worker? No  
 How many hours have you worked this shift?:  
 Standard or rotating work:  
 Manager name: Lutz Tash  
 The reporter is: The person affected by the incident  
 Reporter's Name: [REDACTED]  
 Details of other (position):  
 Provide a thorough investigation of the incident: De identified for confidentiality  
 Who completed the investigation?: Tash Lutz  
 What control measures have been put in place?: De identified for confidentiality  
 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:

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: Secure Mental Health unit

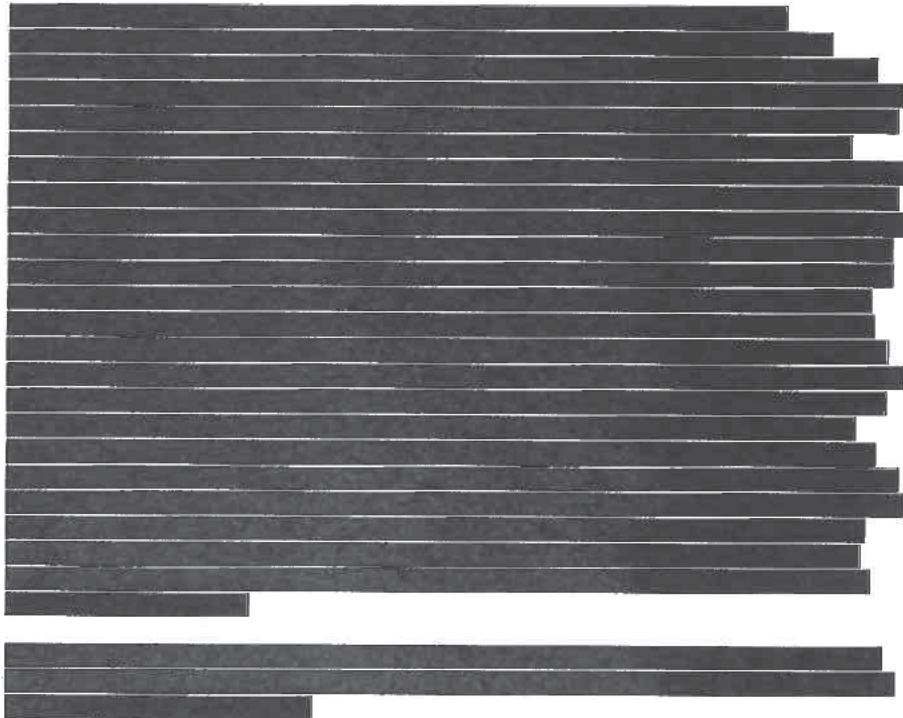
Start time:  
 Intended length of shift:  
 Manager phone: 62079600  
 Reporter's Position: Registered Nurse / Midwife

Review Date: 12 February 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:



Controls:

Debrief attended immediately after the incident by the NIC. Email sent to staff member offering additional debrief / support and EAP information provided.

Classification

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

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 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: 05 Feb 18 12:45:00	Reviewer 2, Workplace Safety 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:	12 Feb 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: 13:20  
 Notification Date: [REDACTED] Notification Time: 09:41  
 Total days to report (days): 0.8 Work Start Time:  
 Provide a brief Summary of the incident?: [REDACTED]  
 Provide more details of the incident?: As per incident [REDACTED]  
 Incident Outline: Staff member verbally abused and threatened by consumer.  
 Body Part Affected: Psychological  
 Body Part Most Affected: Psychological  
 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?: Not Applicable  
 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): 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?: Yes Details of PPE used: Other  
 Other PPE Details: na  
 Were there any witnesses?: Yes  
 Witness #1 Name: Ginju. J Witness # 1 Phone:  
 Witness #2 Name: Arun. B Witness # 2 Phone:  
 Witness #3 Name: Witness #3 Phone:  
 Does the incident involve claimed Violence/Aggression Type of claimed Violence/Aggression: Violence/Aggression  
 Violence/Aggression/Discrimination or Bullying/Harassment?: Violence/Aggression/Bullying/Harassment/Discrimination:  
 Who was involved? (ie. source): Staff Member  
 Form of violence/aggression or bullying/harassment: Verbal Details of Other:  
 Discrimination Involved (i.e. source?): Staff Member Details of Other (discrimination):  
 Alleged form of discrimination: Details of Other (alleged form):

Has this happened before Yes

(reoccurrence)?:

Name of alleged perpetrator:

URN:

Gender of alleged perpetrator:

Details of other gender:

Physical Location: DMHU

Employment Status: Temporary Full-Time

Hours worked per week: 36 Hrs 45 Mins

Work Unit: HUHSM

Other hours worked:

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Secure Mental Health unit

Section: Secure Mental Health Unit

Are you a shift worker?: No

Start time:

How many hours have you worked this shift?:

Standard or rotating work:

Intended length of shift:

Manager name: Tash Lutz

Manager phone: 79439

The reporter is:: The person affected by the incident

Reporter's Name:

Reporter's Position: Manager

Details of other (position):

Provide a thorough investigation of the incident: De-identified for confidentiality.

Who completed the investigation?: Tash Lutz

Review Date: 13 February 2018

What control measures have been put in place?: De-identified for confidentiality.

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:

De-Identified Information: Investigations:

[Redacted content]

Controls:

NIC provided debrief immediately after the incident. Staff member sent email to offering additional debrief. Staff member also offered EAP

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 8 - Mental stress

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

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/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

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: 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

617

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

05 Feb 18 12:48:00

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](mailto:workplacesafety@act.gov.au)

Thank you for your assistance.

Actioned: Yes

Mail Sent On:

12 Feb 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: ALLIED HLTH ASSIST 3  
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: 11:31  
Notification Date: [REDACTED] Notification Time: 17:25  
Total days to report (days): 5.2 Work Start Time:  
Provide a brief Summary of the incident?: [REDACTED]  
Provide more details of the incident?: [REDACTED]  
Incident Outline: Patient directing inappropriate comments toward staff member.  
Body Part Affected: Psychological  
Body Part Most Affected: Psychological  
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): I have not had to take time off work.  
What task was being performed at the time of the incident?: Co facilitating a group.  
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?: Yes Training recieved: Induction training  
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?: Yes  
Witness #1 Name: Su Hanfling Witness # 1 Phone: 6207 9700  
Witness #2 Name: Zac Webster Witness # 2 Phone: 6207 9700  
Witness #3 Name: Witness #3 Phone:  
Does the incident involve claimed Violence/Aggression/Bullying/Harassment/Discrimination?: 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  
 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: [REDACTED]  
 Physical Location: DMHU  
 Employment Status: Permanent Part-Time  
 Hours worked per week: Other  
 Work Unit: HCMUS  
 Section: Justice Health Services  
 Are you a shift worker?: No  
 How many hours have you worked this shift?:  
 Standard or rotating work: Fixed standard or flexible hours  
 Manager name: Gillian Sharp  
 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?:  
 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:

Details of Other:  
 Details of Other (discrimination):  
 Details of Other (alleged form):  
 URN:  
 Details of other gender:  
 Other hours worked: 24  
 Division: Mental & Justice Health, Alcohol & Drug Services  
 Sub Section: Secure Mental Health Unit  
 Start time:  
 Intended length of shift: Shift duration of more than 8 hrs (excluding overtime)  
 Manager phone: 6207 9700  
 Reporter's Position: Allied Health

Review Date:

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: Insignificant  
 Risk Rating: M  
 Notifiable Incident: No  
 Serious Injury or Illness:  
 Dangerous Incident:  
 Investigation/Findings adequate?: No  
 Controls adequate report: No  
 Needlestick/sharp/splash/splash/bite Incident: No  
 Property Management & Maintenance:  
 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:  
 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 2, Workplace Safety		
14 Feb 18 08:40:00	<p>DO NOT REPLY TO THIS AUTO GENERATED EMAIL</p> <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 workplacesafety@act.gov.au</p> <p>Thank you for your assistance.</p> <p>Actioned: No</p> <p>Linked Document Path:</p>	Mail Sent On:	21 Feb 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: EEN

Related Incident ID:  
Surname: [REDACTED]  
Age:

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]

Incident Time: 12:30

Notification Time: 14:25

Total days to report (days): 3.1

Work Start Time: 07:00

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

Provide more details of the incident?: [REDACTED]

Incident Outline: Patient verbally abused staff member while on accompanied leave and was rude and belligerent.

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 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):

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):

Experience (years): 8

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?: 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

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: (reoccurrence?): Yes

Has this happened before (reoccurrence?): Yes

Name of alleged perpetrator: [Redacted]

Gender of alleged perpetrator: [Redacted]

Physical Location: Not Applicable

Employment Status: Casual Part-Time

Hours worked per week: Other

Work Unit: HCMUS

Section: Justice Health Services

Are you a shift worker?: Yes

How many hours have you worked this shift?:

Standard or rotating work: Shift rotation not known

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: Secure Mental Health Unit

Start time:

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

Manager phone: 026279600

Manager name: Tash Lutz

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?: tash lutz Review Date: 14 March 2018

What control measures have been put in place?: [Redacted] Staff member offered EAP.

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:

How much of the Dangerous Substance was involved?:

Was the site preserved?: No

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 8 - Mental stress

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

Outcome: Insignificant

Risk Rating: M

Notifiable Incident: No

Serious Injury or Illness: Dangerous Incident:

Investigation/Findings adequate?: Yes

Potential Risk Rating: NIR Attached: No

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

624

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

19 Feb 18 15:18:00

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)

Actioned: Yes

Linked Document Path:

Mail Sent On: 26 Feb 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: Registered Nurse

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?: No

Incident Date: [REDACTED]

Incident Time: 10:40

Notification Date: [REDACTED]

Notification Time: 13:57

Total days to report (days): 0.1

Work Start Time:

Provide a brief Summary of the incident?: [REDACTED] pushed scribe on the shoulder.

Provide more details of the incident?: [REDACTED]

Incident Outline: Patient pushed staff member on the shoulder and was agitated to the staff members.

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?: Not Applicable

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):

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: Micheal DE JESUS

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

Violence/Aggression/Discrimination or Bullying/Harassment?:

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:  
 Has this happened before (reoccurrence)? No  
 Name of alleged perpetrator: [REDACTED]  
 Gender of alleged perpetrator: [REDACTED]  
 Physical Location: DMHU  
 Employment Status: Permanent Full-Time  
 Hours worked per week:  
 Work Unit: HCMUS  
 Section: Justice Health Services

Details of Other (alleged form):  
 URN:  
 Details of other gender:  
 Other hours worked:

Manager name: Tash Lutz  
 The reporter is: The person affected by the incident  
 Reporter's Name: [REDACTED]

Division: Mental & Justice Health, Alcohol & Drug Services  
 Sub Section: Secure Mental Health Unit  
 Start time:  
 Intended length of shift: Shift duration of up to and including 8 hrs  
 Manager phone: 0262079275

Reporter's Position: Registered Nurse / Midwife

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

Who completed the investigation?: tasha lutz  
 Review Date: 6 April 2018

What control measures have been put in place?:  
 [REDACTED] Nurse involved offered EAP and medical attention if 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:

How much of the Dangerous Substance was involved?:  
 Was the site preserved?: No  
 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  
 Outcome: Insignificant  
 Risk Rating: L  
 Notifiable Incident: No  
 Serious Injury or Illness:  
 Dangerous Incident:  
 Investigation/Findings adequate?: Yes  
 Controls adequate report: Yes  
 Needlestick/sharp/splash/splash/bite Incident: No  
 Property Management & Maintenance:  
 Fire/Emergency/Evacuations/Parting/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 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 : 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

628

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

04 Apr 18 10:45:00

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:

Journal Type:

General Comments

Created by:

MHJHADS, Director Justice Health Services

04 Apr 18 11:56:00

Please send to Tash Lutz to investigate.

Actioned: Yes

Linked Document Path:

Mail Sent On:

## Documents

No Attached Documents.

- End of Record -

AGS/ ID Number:

Related Incident ID:

First Name: [REDACTED]

Surname: [REDACTED]

Gender: Female

Date of Birth:

Age: [REDACTED]

Contact Number: [REDACTED]

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?: Yes

Incident Date: [REDACTED]

Incident Time: 09:04

Notification Date: [REDACTED]

Notification Time: 10:50

Total days to report (days): 0.1

Work Start Time:

Provide a brief Summary of the incident?:

[REDACTED]

Incident Outline: Staff member physically assaulted and threatened by consumer.

Body Part Affected: Left Hip Buttocks

Body Part Most Affected: Left Hip Buttocks

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: Yes

How much time was lost: 1 day or more 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 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?: 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?: Not Applicable

Details of PPE used: None

Other PPE Details:

Were there any witnesses?: Yes

Witness #1 Name: Abhisekh Silwal

Witness # 1 Phone: 0262079275

Witness #2 Name:

Witness # 2 Phone:

Witness #3 Name:

Witness #3 Phone:

Does the incident involve 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: [Redacted]  
 Physical Location: DMHU  
 Employment Status:  
 Hours worked per week:  
 Work Unit: HWMHD  
 Section: Mental & Justice Health, Alcohol & Drug Services  
 Are you a shift worker?: No  
 How many hours have you worked this shift?:  
 Standard or rotating work:  
 Manager name: Tash Lutz  
 The reporter is: A person on behalf of the staff member affected  
 Reporter's Name: [Redacted]  
 Details of other (position):  
 Provide a thorough investigation of the incident: [Redacted]  
 Who completed the investigation?: Tasha lutz  
 What control measures have been put in place?: Further investigation will be done on her return to work  
 Managers Additional comments: This SAIR needs to be resubmitted as a incident riskman not a SAIR at this time.  
 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:  
 Details of other gender:  
 Other hours worked:  
 Division: Mental & Justice Health, Alcohol & Drug Services  
 Sub Section: Mental & Justice Health, Alcohol & Drug Services  
 Start time:  
 Intended length of shift:  
 Manager phone: 0262079275  
 Reporter's Position: Registered Nurse / Midwife  
 Review Date: 2 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: Moderate  
 Risk Rating: M  
 Notifiable Incident: No  
 Serious Injury or Illness:  
 Dangerous Incident:  
 Investigation/Findings adequate?: No  
 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:

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:

## 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 : 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**

Journal Type:

Action Taken

Created by:  
02 May 18 13:35:00

Reviewer 2, Workplace Safety  
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  
Linked Document Path:

Mail Sent On: 09 May 18

Journal Type:

General Comments

Created by:  
02 May 18 13:35:00

Reviewer 2, Workplace Safety  
DO NOT REPLY TO THIS AUTOMATED EMAIL

Thank you for reporting this incident on behalf of your colleague, could you please confirm in the 'incident details' field that you have permission from the staff member to enter this on their behalf.

The preferred reporting method is for staff to use their own RiskMan profile.

This is for several reasons including;

- Confidentiality
- Management of the incident afterwards (it will not display in the staff members inbox)
- Contacting the person through the RiskMan system is difficult.
- Once you submit this incident you have electronically signed your name to the document.

Please note: ALL ACT Health staff now have access to RiskMan. Please ask the staff member to log in to the Riskman system using their ACT GOV login (their usual computer login and password) - Logging in will create their account if RiskMan has not previously been used.

Completion of the E-Learning program 'Incident Notification' is recommended and will assist staff in the process of entering a Riskman. This training is now available for ALL staff through Capabiliti.

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

Thank you  
Actioned: No  
Linked Document Path:

Mail Sent On: 09 May 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: Allied Health Assistant 2

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?: No

Incident Date: [REDACTED]

Incident Time: 12:15

Notification Date: [REDACTED]

Notification Time: 08:35

Total days to report (days): 4.8

Work Start Time: 08:30

Provide a brief Summary of the incident?: Consumer provided verbal threats to staff member

Provide more details of the incident?:

[REDACTED]

Incident Outline: Staff member verbally abused and threatened by consumer.

Body Part Affected: Psychological

Body Part Most Affected: Psychological

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 Date:

Mainet Number:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: Yes

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?:

[REDACTED]

Incident related to the task?: No

Do you have experience in performing this task?: Yes

Experience (months):

Experience (years): 1

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

Training recieved: Induction

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: Sabarish Radhakrishnan

Witness #1 Phone: 6207-9802

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

Violence/Aggression/Discrimination or Bullying/Harassment?:

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

Form of violence/aggression or bullying/harassment: Verbal

Details of Other:

Discrimination Involved (i.e. Patient/Client/Consumer source)?; Alleged form of discrimination: Has this happened before (reoccurrence)?; Name of alleged perpetrator: Gender of alleged perpetrator: Physical Location: Employment Status: Hours worked per week: Work Unit: Section: Mental & Justice Health, Alcohol & Drug Services Are you a shift worker?: No How many hours have you worked this shift?: Standard or rotating work: Manager name: Gillian Sharp The reporter is:: The person affected by the incident Reporter's Name: Details of other (position): Provide a thorough investigation of the incident: Who completed the investigation?: What control measures have been put in place?: Managers Additional comments: Was there a Dangerous Substance involved in the incident?: Name of the Dangerous Substance: Is this a WorkSafe ACT 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:

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

URN: Details of other gender:

Other hours worked: 16  
Division: Mental & Justice Health, Alcohol & Drug Services  
Sub Section: Mental & Justice Health, Alcohol & Drug Services

Start time:

Intended length of shift:  
Manager phone: 62079326

Reporter's Position: Allied Health

Review Date:

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: Insignificant  
Risk Rating: M  
Notifiable Incident: No  
Serious Injury or Illness: Dangerous Incident: Investigation/Findings adequate?: No Controls adequate report: No Needlestick/sharp/splash/scratch/bite Incident: 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?:

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

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:



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 : 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 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: 07 May 18 09:36:00	Reviewer 2, Workplace Safety 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:	14 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  
 Date of Birth: [REDACTED] Age: [REDACTED]  
 Contact Number: [REDACTED]  
 Job Title: RN2  
 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: 08:40  
 Notification Date: [REDACTED] Notification Time: 11:06  
 Total days to report (days): 0.1 Work Start Time: 07:00  
 Provide a brief Summary of the incident?: Staff assaulted by consumer  
 Provide more details of the incident?: [REDACTED]  
 Incident Outline: [REDACTED]  
 Body Part Affected: Mouth  
 Nose  
 Right Cheeks  
 Right Lower Face  
 Body Part Most Affected: Right Cheeks  
 Has this incident also affected your psychological wellbeing?:  
 Has this incident affected your work?: Yes How much time was lost: 1 day or more 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: Yes  
 Treatment given: Doctor  
 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?:  
 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): Experience (years): 17  
 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: Other  
 Other PPE Details: Duress alarm  
 Were there any witnesses?: Yes  
 Witness #1 Name: Miyoung Kim Witness # 1 Phone: 0452642201  
 Witness #2 Name: Winelda Estrada Witness # 2 Phone: 0468678367  
 Witness #3 Name: Witness #3 Phone:  
 Does the incident involve claimed Violence/Aggression/Bullying/Harassment/Discrimination?: Yes Type of claimed 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: Details of Other:  
 Has this happened before (reoccurrence?): Yes Details of Other (discrimination):  
 Name of alleged perpetrator: [REDACTED] Details of Other (alleged form):  
 Gender of alleged perpetrator: [REDACTED] URN: [REDACTED]  
 Physical Location: DMHU Details of other gender:  
 Employment Status: Permanent Full-Time  
 Hours worked per week: 38 Hrs Other hours worked:  
 Work Unit: HWMHD Division: Mental & Justice Health, Alcohol & Drug Services  
 Section: Mental & Justice Health, Alcohol & Drug Services Sub Section: Mental & Justice Health, Alcohol & Drug Services  
 Are you a shift worker?: Yes  
 How many hours have you worked this shift?: 5 Start time:  
 Standard or rotating work: Component or rotating shift work arrangement Intended length of shift: Shift duration of more than 8 hrs (excluding overtime)  
 Manager name: Tash Lutz Manager phone: 0466471158  
 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: Incident occurred as per above. Staff member went to the emergency department for further assessment.  
 Who completed the investigation?: Tasha Lutz Review Date: 14 May 2018  
 What control measures have been put in place?: ADON has made contact with the injured staff member to check on well being. Staff member offered EAP services and further debrief on return to work. [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 How much of the Dangerous Substance was involved?:  
 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:  
 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: 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/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:  
 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		
14 May 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  Thank you for your assistance. Actioned: Yes Linked Document Path:		
		Mail Sent On:	

**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

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]  
Notification Date: [Redacted]

Incident Time: 09:04

Notification Time: 14:24

Total days to report (days): 12.2

Work Start Time: 07:00

Provide a brief Summary of the incident?: Staff was verbally threatened and physically assaulted by consumer

Provide more details of the incident?:

[Redacted]

Incident Outline: Staff was verbally threatened and physically assaulted by consumer

Body Part Affected: Left Hip Buttocks

Body Part Most Affected: Left Hip Buttocks

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: Yes

How much time was lost: 7 or more days were lost

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

Type of impact: More than 1 day of service interruption

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: Doctor

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

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?: Yes

Experience (months): 0

Experience (years): 8

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?: Yes

Witness #1 Name: Abhisekh Silwal

Witness # 1 Phone: 62079700

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? (i.e. 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: [REDACTED]

Physical Location: DMHU

Employment Status: Permanent Full-Time

Hours worked per week: 38 Hrs

Work Unit: HCMUS

Section: Justice Health Services

Are you a shift worker?: Yes

How many hours have you worked this shift?: 3

Standard or rotating work: Component or rotating shift work arrangement

Manager name: Tash Lutz

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:

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Secure Mental Health Unit

Start time:

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

Manager phone: 0262079439

Reporter's Position: Registered Nurse / Midwife

Provide a thorough investigation of the incident: As advised by staff member. Staff member drove to GP after the incident. Author offered someone to drive the staff member and staff member declined assistance.

Who completed the investigation?: tasha lutz

Review Date: 14 May 2018

What control measures have been put in place?: Staff member returned to work 12 May 2108. Author met with staff member 14 May 2018 to discuss wellbeing post incident. Staff member advised that they thought that they may have been pushing themselves too quickly to return to work. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[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

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  
 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

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

642

Cost

Journal Type:

Action Taken

Created by:

Reviewer 3, Workplace Safety

15 May 18 15:14:00

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

Actioned: Yes

Linked Document Path:

Mail Sent On: 22 May 18

Journal Type:

General Comments

Created by:

Reviewer 2, Workplace Safety

06 Jun 18 10:03:00

This incident has been re-classified as a HIGH risk due to the investigations and impact on the staff member.

Actioned: Yes

Linked Document Path:

Mail Sent On:

## 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: Registered 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:  
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): 0

Has a staff injury been sustained?: Yes  
Incident Time: 18:10  
Notification Time: 18:55  
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: Left Back Of Head  
Psychological  
Right Back of Head  
Body Part Most Affected: Right Back of Head

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:

How much time was lost: 7 or more days were lost  
Type of impact: More than 1 day of service interruption

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

Mainet Number:

Treatment Required: Yes  
Treatment given: Doctor

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?: Yes

Do you have experience in performing this task?: Yes

Experience (months):

Experience (years): 6

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: Abhishek Silwal  
Witness #2 Name: Bijaya Acharya  
Witness #3 Name:  
Does the incident involve Yes  
claimed  
Violence/Aggression/Discrimination or Bullying/Harassment?:  
Who was involved? (ie. source): Staff Member  
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: [Redacted]  
Physical Location: DMHU  
Employment Status: Permanent Full-Time  
Hours worked per week: 38 Hrs  
Work Unit: HWMHD  
Section: Mental & Justice Health, Alcohol & Drug Services  
Are you a shift worker?: Yes  
How many hours have you worked this shift?:  
Standard or rotating work: Shift rotation not known  
Manager name: Tasha Lutz  
The reporter is: The Manager  
Reporter's Name: [Redacted]  
Details of other (position):  
Provide a thorough investigation of the incident: [Redacted]  
Who completed the investigation?: tasha lutz  
What control measures have been put in place?: Author contacted staff member 17/7 to enquire about staff members well being and physical health. Staff member advised that they were ok but would be off work for three days until further review by GP. Staff member agreed to have personal contact details passed onto AFP. Author advised staff member that EAP services were available also. [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/Bullying/Harassment/Discrimination: Violence/Aggression  
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: Mental & Justice Health, Alcohol & Drug Services  
Start time:  
Intended length of shift: Shift duration of up to and including 8 hrs  
Manager phone: 0262079275  
Reporter's Position: Registered Nurse / Midwife  
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

645

Outcome: Moderate

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:

Significant Incident Type:

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 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

Journal Type:

Action Taken

Created by:  
17 Jul 18 09:53:00

Reviewer 2, Workplace Safety  
DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

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:                      20 Jul 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:

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: 13:30

Notification Date: [Redacted]

Notification Time: 15:14

Total days to report (days): 0.1

Work Start Time:

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

Provide more details of the incident?: [Redacted]

Incident Outline: Staff member intimidated and made to feel threatened by client.

Body Part Affected: None

Body Part Most Affected: None

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 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):

Experience (years): 1

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: Stephen Neil - CDN (did not witness actual incident)

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

Violence/Aggression/Discrimination or Bullying/Harassment?:

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:  
Gender of alleged perpetrator:  
Physical Location: DMHU  
Employment Status: Temporary Full-Time  
Hours worked per week: 38 Hrs  
Work Unit: HCMUS  
Section: Justice 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: Eric Agyemang-Duah  
The reporter is: The person affected by the incident  
Reporter's Name: XXXXXXXXXX  
Details of other (position):  
Provide a thorough investigation of the incident:  
Who completed the investigation?:  
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:

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: Secure Mental Health Unit  
Start time:  
Intended length of shift: Shift duration of up to and including 8 hrs  
Manager phone: 62079700  
Reporter's Position: Registered Nurse / Midwife  
Review Date:  
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?: No  
Controls adequate report: No  
Needlestick/sharp/splash/scratch/bite Incident: No  
Property Management & Maintenance:  
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 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 : 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

<u>Date/Time</u>	<u>Journal Entry</u>	<u>Reference</u>	<u>Cost</u>
Journal Type:	Action Taken		
Created by: 23 Jul 18 16:13:00	Reviewer 2, Workplace Safety  DO NOT REPLY TO THIS AUTO GENERATED EMAIL  You have been identified as the manager of a staff member who submitted a Staff Incident Report.  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 Linked Document Path:	Mail Sent On:	30 Jul 18

## Documents

No Attached Documents.





AGS/ ID Number: \_\_\_\_\_ Related Incident ID: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Gender: Male Age: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 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: \_\_\_\_\_ Incident Time: 18:00  
 Notification Date: \_\_\_\_\_ Notification Time: 11:04  
 Total days to report (days): 7.7 Work Start Time: 13:00  
 Provide a brief Summary of the incident?: \_\_\_\_\_  
 Provide more details of the incident?: As above  
 Incident Outline: Staff member chased and physically assaulted by consumer.  
 Body Part Affected: Front Left Trunk  
 Front Right Trunk  
 Left Back Of Head  
 Left Top Of Head  
 Right Back of Head  
 Right Top Of Head  
 Upper Back Left  
 Upper Back Right  
 Body Part Most Affected: \_\_\_\_\_  
 Has this incident also affected your psychological wellbeing?: \_\_\_\_\_  
 Has this incident affected your work?: Yes How much time was lost: 7 or more days were 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: Yes  
 Treatment given: Doctor  
 First aid or alternative treatment  
 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 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?: No Details of PPE used: \_\_\_\_\_  
 Other PPE Details: \_\_\_\_\_  
 Were there any witnesses?: Yes  
 Witness #1 Name: Arun Babu Witness #1 Phone: \_\_\_\_\_  
 Witness #2 Name: Bijaya Acharya 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:  
 Physical Location: DMHU  
 Employment Status:  
 Hours worked per week:  
 Work Unit: HCMUS  
 Section: Justice Health Services  
 Are you a shift worker?: Yes  
 How many hours have you worked this shift?: 5  
 Standard or rotating work:  
 Manager name: Tasha Lutz  
 The reporter is: The Manager  
 Reporter's Name: tasha lutz  
 Details of other (position):

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: Secure Mental Health Unit  
 Start time:  
 Intended length of shift:  
 Manager phone: 62079700  
 Reporter's Position: Manager

Provide a thorough investigation of the incident:

[REDACTED]

Who completed the investigation?:

tasha lutz

Review Date: 17 July 2018

What control measures have been put in place?:

Author spoke with staff member 17/7 who advised that they were incredibly sore and had been provided with a medical certificate for 3 days and would then go and see their GP. Staff member provided consent for their details to be passed on to the AFP. Author also discussed the benefits of accessing eAP and how to do so.

[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:

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: Moderate

Risk Rating: H

Potential Risk Rating:

Notifiable Incident: No  
 Serious Injury or Illness:  
 Dangerous Incident:  
 Investigation/Findings Yes  
 adequate?:  
 Controls adequate report: Yes  
 Needlestick/sharp/splash/scratc No  
 h/bite Incident:  
 Property Management & No  
 Maintenance:  
 Fire/Emergency/Evacuations/Pa No  
 rking/Fleet:  
 Bio-Medical: 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?:

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 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**

Date/Time

Journal Entry

Reference

654

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

24 Jul 18 16:27:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

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:

31 Jul 18

## Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED] Related Incident ID:  
First Name: [REDACTED] Surname: [REDACTED]  
Gender: Male  
Date of Birth: Age:  
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?: Yes  
Incident Date: [REDACTED] Incident Time: 19:40  
Notification Date: [REDACTED] Notification Time: 01:08  
Total days to report (days): 0.2 Work Start Time:  
Provide a brief Summary of the incident?: [REDACTED]  
Provide more details of the incident?: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
Incident Outline: Staff member physically assaulted by consumer.  
Body Part Affected: Mouth  
Body Part Most Affected: Mouth  
Has this incident also affected your psychological wellbeing?:  
Has this incident affected your work?: Yes How much time was lost: 1 day or more 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: 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?:  
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?: 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/Type of claimed Violence/Aggression  
Violence/Aggression/Discriminat ion or Bullying/Harassment?: Violence/Aggression/Bullying/Ha rassment/Discrimination:

Who was involved? (ie. source): Staff Member

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:

Gender of alleged perpetrator: [Redacted]

Details of other gender:

Physical Location: DMHU

Employment Status:

Hours worked per week:

Other hours worked:

Work Unit: HWMHD

Division: Mental & Justice Health, Alcohol & Drug Services

Section: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Mental & Justice Health, Alcohol & Drug 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: TASH LUTZ

Manager phone: 62079600

The reporter is: A person on behalf of the staff member affected

Reporter's Name: [Redacted]

Reporter's Position: Registered Nurse / Midwife

Details of other (position):

Provide a thorough investigation of the incident:

[Redacted investigation details]

AFP contacted

Staff member attended TCH ED for further assessment and treatment. EAP offered

Who completed the investigation?: tasha lutz

Review Date: 25 July 2018

What control measures have been put in place?:

[Redacted control measures]

ADON attended DMHU just after assault to debrief with staff and provide support. Train the trainer VPM has been completed and regular VPM sessions will be incorporated into the DHU education program. This incident can be used as a training example

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 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: 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/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  
 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

658

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

26 Jul 18 09:47:00

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 62050888 [workplacesafety@act.gov.au](mailto:workplacesafety@act.gov.au)

Thank you for your assistance.

Actioned: Yes

Linked Document Path:

Mail Sent On: 02 Aug 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:

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?: No

Incident Date: [Redacted]

Incident Time: 07:30

Notification Date: [Redacted]

Notification Time: 08:51

Total days to report (days): 0.1

Work Start Time:

Provide a brief Summary of the incident?: Patient assaulted the writer

Provide more details of the incident?:

[Redacted]

Incident Outline: Staff member physically assaulted by patient – punched

Body Part Affected: Left Top Of Head

Body Part Most Affected: Left Top Of Head

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 Date:

Mainet Number:

Treatment Required: Yes

Treatment given: On site health centre/emergency department

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?: Yes

Details of PPE used: None

Other PPE Details:

Were there any witnesses?: Yes

Witness #1 Name: Tedy Thomas

Witness #1 Phone:

Witness #2 Name: Jaffy Thomas

Witness #2 Phone:

Witness #3 Name:

Witness #3 Phone:

Does the incident involve 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:  
 Gender of alleged perpetrator:  
 Physical Location: DMHU  
 Employment Status:  
 Hours worked per week:  
 Work Unit: HCMUS  
 Section: Justice Health Services  
 Are you a shift worker?: No  
 How many hours have you worked this shift?:  
 Standard or rotating work:

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression  
 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: Secure Mental Health Unit  
 Start time:  
 Intended length of shift:  
 Manager phone: 62079700

Manager name: Tash Lutz  
 The reporter is: The person affected by the incident  
 Reporter's Name:

Reporter's Position: Registered Nurse / Midwife

Provide a thorough investigation of the incident:

[Redacted text block]

Who completed the investigation?: tasha lutz

Review Date: 10 September 2018

What control measures have been put in place?:

Staff member sent to ED for further assessment. Staff member offered EAP. ADON spoke with nurses involved in restraint to check well being and offer support.

Managers Additional comments:

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

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

Name of the Dangerous Substance:  
 Is this a WorkSafe ACT Notifiable Incident?: 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  
 Outcome: Moderate  
 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: 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



AGS/ ID Number: [REDACTED]

First Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Contact Number: [REDACTED]

Job Title: Registered Nurse

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?: [REDACTED]

Related Incident ID:

Surname: [REDACTED]

Age: [REDACTED]

Contractor Company:

Induction Date:

Has a staff injury been No

sustained?:

Incident Time: 21:30

Notification Time: 23:29

Work Start Time: 21:30

Provide more details of the incident?:

664

[Redacted text block]

Incident Outline:

[Redacted text block]

Body Part Affected: None

Body Part Most Affected: None

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:

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

Type of impact: No service interruption

Has a mainet been submitted?: No  
 Mainet Date: Mainet Number: 665  
 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?: Clinical handover  
 Incident related to the task?: Yes  
 Do you have experience in performing this task?: Yes  
 Experience (months):  
 Experience (years): 13  
 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:  
 Was personal protective equipment being worn?: No  
 Details of PPE used: None  
 Other PPE Details:  
 Were there any witnesses?: Yes  
 Witness #1 Name: Abisekh Silwal  
 Witness #1 Phone: Lavinia Mau- Pohiva  
 Witness #2 Name: Jacinta Filpe  
 Witness #2 Phone: Shine Kumar  
 Witness #3 Name:  
 Witness #3 Phone:  
 Does the incident involve claimed Violence/Aggression/Bullying/Harassment?: Yes  
 Type of claimed Violence/Aggression/Bullying/Harassment/Disrimination: 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)?  
 Details of Other (discrimination):  
 Alleged form of discrimination:  
 Details of Other (alleged form):  
 Has this happened before (reoccurrence)? No  
 Name of alleged perpetrator:  
 URN:  
 Gender of alleged perpetrator: [REDACTED]  
 Details of other gender:  
 Physical Location: DMHU  
 Employment Status: Permanent Full-Time  
 Other hours worked:  
 Hours worked per week: 38 Hrs  
 Division: Mental & Justice Health, Alcohol & Drug Services  
 Work Unit: HCMUS  
 Sub Section: Secure Mental Health Unit  
 Section: Justice Health Services  
 Are you a shift worker?: Yes  
 Start time:  
 How many hours have you worked this shift?: 3  
 Intended length of shift: Shift duration of up to and including 8 hrs  
 Standard or rotating work:  
 Manager name: Tash Lutz  
 Manager phone: 02 6207 9439  
 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]

Who completed the investigation?: tash lutz

Review Date: 10 September 2018

What control measures have been put in place?:

[Redacted] Additional staff were rostered on shift. [Redacted] ADON to discuss with nurse that has completed this riskman for further information and offered EAP.

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:

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: 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 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 No  
threshold associated with this  
substance?:  
Does this substance requiring No  
health monitoring?:

Details Threshold:

667

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: 10 Sep 18 08:59:00	Reviewer 2, Workplace Safety DO NOT REPLY TO THIS AUTO GENERATED EMAIL  You have been identified as the manager of a staff member who submitted a Staff Incident Report.  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:	17 Sep 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: [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): 0.8

Provide a brief Summary of the incident?:

Provide more details of the incident?:

Author verbally and physically assaulted by Consumer. [Redacted]

Incident Outline: Staff member verbally and physically assaulted by consumer - assumed a striking pose ready to strike.

Body Part Affected:

Body Part Most Affected: Back Right Middle Finger

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

Details of Other Training:

Related Incident ID:

Surname: [Redacted]

Age:

Contractor Company:

Induction Date:

Has a staff injury been sustained?: No

Incident Time: 13:05

Notification Time: 09:15

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:

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

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

Violence/Aggression/Discrimination or Bullying/Harassment?:

Who was involved? (ie. source): Staff Member

Details of Other:

Form of violence/aggression or bullying/harassment: Physical

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:

Gender of alleged perpetrator: [REDACTED]

Details of other gender:

Physical Location: DMHU

Employment Status:

Hours worked per week:

Work Unit: HUHSM

Other hours worked:

Division: Mental & Justice Health, Alcohol & Drug Services

Section: Secure Mental Health Unit

Sub Section: Secure Mental Health unit

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: Tash Lutz

Manager phone: 62079439

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:

Who completed the investigation?: Eric Agyemang-Duah

Review Date: 2 October 2018

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:

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:

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?: No

Controls adequate report: No

Control hierarchy:

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

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 :

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

671

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

25 Sep 18 13:42:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

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: 02 Oct 18

Linked Document Path:

Journal Type:

Correspondence Sent

Created by:

MHJHADS, DMHU, ADON

02 Oct 18 10:17:00

Eric, can you please investigate this one for me? thanks

Sent To:

Sent Date:

Actioned: No

Mail Sent On:

Linked Document Path:

**Documents**

No Attached Documents.

- End of Record -