



## Action Minutes Justice Health Services Meeting: Work Health & Safety Committee

**Meeting Date:** 26 March 2018

**Agenda Item No:** 2.1

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**Subject:** Action Minutes of Justice Health Services Work Health & Safety Committee  
Meeting of 26 March 2018

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**Source:** Jacqui Raby  
Administration and Information Manager  
Justice Health Services

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**Purpose/comments:** For endorsement

**Justice Health Services Work Health & Safety Committee  
Meeting 26 March 2018**

**ACTION MINUTES**

**1. Attendance and Apologies**

In Attendance:

Name	Role	✓	Ap, or ✗
Sally Billington	A/g Operational Director, Justice Health Services(Chair)	✓	
Deborah Plant	Operational Director, Dhulwa Mental Health Unit		AP
Cheryl Cuthbertson	A/g Assistant Director of Nursing, Primary Health		AP
Jaime Bingham	Senior Manager, Forensic Mental Health Services		AP
Tasha Lutz	A/g Assistant Director of Nursing, Dhulwa Mental Health Unit	✓	
Jacqui Raby	Administration & Information Manager, JHS	✓	
Gwynne Thomas	HSR, AMC, Primary Health		AP
Jacqueline Monaghan	HSR, AMC, Primary Health		AP
Yolanda Robertson	HSR, Bimberi, Primary Health	✓	
Tegan Murray	HSR, 1 Moore Street, Forensic Mental Health Services	✓	
Denise Meyboom	Workplace Safety Representative	✓	
Liza Marando	Administration & Information Manager, DMHU	✓	

Minutes: Jacqui Raby

**2. Minutes and Action Arising from Previous Meetings**

**2.1 Action Minutes of Meeting**

The Minutes from the previous meeting were endorsed.

**2.2 Outstanding Action Arising Running Sheet from previous meetings**

The outstanding actions arising were reviewed and updated.

**3. Reports**

**3.1**



- 
- 
- 



**3.2**



- 



**3.3**



- 



### 3.4 Dhulwa Mental Health Unit

- Noted there were issues raised by the HSR's.
- Concerns RE: Risk involved with 1:1 escorts – Operational Director to follow up and report as necessary.
- Noted there has been union contact.

### 3.5 Staff Accident/Incident Reporting

- The SAIR was tabled and noted.

### 4. **Report from Workplace Safety**

- Nothing to report.

### 5. **Divisional Workplace Goals & Objectives**

#### 5.1 Staff Wellbeing

- Noted that there are current MyHealth workshops and more to come.

#### 5.2 Working towards a Smoke Free Environment

- [REDACTED]
- Noted that a reminder email was sent to all DMHU staff regarding smoking off premises.

### 6. **Items to be included on the Program Risk Register**

- Noted the DMHU Risk Register is to be updated – ACTION: Deb Plant

### 7. **Items to be raised to the Divisional Work, Health & Safety Meeting**

- Noted the outcome from the meeting with Daniel Guthrie is to be raised.

### 8. **Other Business**

- Nothing to report.

#### **Next Meeting:**

The next Work Health & Safety meeting will be held on Monday, 16 April 2018.



**ACT**  
Government  
Health



CANBERRA HOSPITAL  
AND HEALTH SERVICES

**Mental Health, Justice Health and Alcohol & Drug Services**  
Justice Health Services: Work Health & Safety Meeting

**Outstanding Action Arising Running Sheet**

**Meeting: 19 February 2018**

Item No	Action Item	Person(s) Responsible	From Meeting	Remarks
1.	SAIR	Jaime Bingham Tash Lutz Cheryl Cuthbertson	26 March 2018	<ul style="list-style-type: none"> <li>Jaime, Tash and Cheryl to review the SAIR report.</li> </ul>
2.	Discussion with HSR	Deb Plant Tash Lutz	19 February 2018	<ul style="list-style-type: none"> <li>Deb and Tash to discuss issues with HSR and organise risk assessments if required regarding safety and escorts when operating a vehicle.</li> <li>26.3.18 – Meeting occurred: Deb to provide update on outcomes on how to manage.</li> </ul>
3.	Risk Register – DMHU	Deb Plant	26 March 2018	<ul style="list-style-type: none"> <li>Deb to review and update.</li> </ul>





Agenda  
Work Health & Safety Committee  
Justice Health Services

Monday 14 May 2018  
2.00pm – 2.30pm

Via Teleconference –x27162

WELCOME

1. Attendance /Apologies
2. Minutes and Action Arising from Previous Meeting
  - 2.1 Action Minutes of Previous Meeting
  - 2.2 Outstanding action arising from previous meetings
3. Reports
  - 3.1 [REDACTED]
  - 3.2 [REDACTED]
  - 3.3 [REDACTED]
  - 3.4 Dhulwa Mental Health Unit
  - 3.5 Staff Accident/Incident Reporting
4. Report from Workplace Safety
5. Divisional Workplace Goals and Objectives
  - 5.1 Staff Wellbeing
  - 5.2 Working towards a Smoke Free Environment
6. Items to be included on the Program Risk Register
7. Items to be raised to the Divisional Work, Health & Safety Meeting
8. Other Business

*Next meeting:* JHS Work Health & Safety Committee will be held on TBC (June 11 Queen's Birthday)

**WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL**

**STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)**

**WORK GROUP:** DMHU

**DATE:** 26/05/2018

**INSPECTED BY (Manager's name):** Tash Lutz

**INSPECTED BY (HSR/ Worker's name):** Carol Sandland

Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
<b>1. General Work Safety Issues</b>					
1.1	Are all Corrective Action(s) from last month's inspection complete?				
1.2	Are policies, flow charts & reporting forms accessible in work area? e.g. RTW, Riskman	X			
1.3	Is the work area induction/orientation program performed for all new workers? (this should include emergency awareness, dangerous substances & hazards specific to the work area)	X			
1.4	Have all relevant workers completed or programmed to attend mandatory WHS training (incl. Dangerous Substances, Manual Handling, SAIR etc)?	X			
1.5	Are Standard Operating Procedures (SOPS) Safety Rules developed & posted?				Ongoing Policy Development
1.6	Do all workers know where the nearest emergency exit/emergency assembly point is located?	X			
1.7	Do all workers know who the HSR is for the work area/ department?	X			
1.8	Comments:				
<b>2. Housekeeping</b>					
2.1	Are all walkways, floors, stairs (incl. Fire Stairs), and exits clear of obstruction?	X			
2.2	Are all walkway lines clearly marked?	X			
2.3	Are all stock/ supplies safely stored and stacked?	X			
2.4	Are floor surfaces clear of rubbish, liquid, debris, trip hazards, etc?	X			
2.5	Are stairs, steps & treads safe?	X			
2.6	Are hazard/ safety signs visible/ legible?	X			
2.7	Is the workplace layout functional & safe?	X			
2.8	Is there good access & egress to the work areas?	X			
2.9	Is the work area free from any fumes, vapours or dust?	X			
2.10	Comments:				
<b>3. Lighting</b>					
3.1	Are lighting standards adequate in all areas, including external areas? (e.g. no glare on PC monitor)	X			
3.2	Are light fittings clear & in good working order?	X			
3.3	Comments:				
<b>4. Ventilation</b>					
4.1	Is there adequate ventilation?	X			
4.2	Is the ventilation draught-free?	X			
4.3	Comments:				
<b>5. Electrical Safety</b>					



# WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'N/A' ('No' Requires details in the Issue identified column)				
WORK GROUP: DMHU		DATE: 26/05/2018		
INSPECTED BY (Manager's name): Tash Lutz		INSPECTED BY (HSRI Worker's name): Carol Sandland		
Item No	Item	Yes	No	N/A
7.6	Are fire stairs clear of obstruction and in working order? (e.g. lights/doors/handrails)	x		
7.7	Are duress alarms available/working/frequently tested?	x		
7.8	Are there procedures/ processes in place for issues of violence/aggression?	x		
7.9	Comments:			
8. Personal Protective Equipment (PPE)				
8.1	Is eye protection being used when required?	x		
8.2	Is face protection being used when required?	x		
8.3	Is appropriate PPE being used correctly?	x		
8.4	Is the danger/out of service tag system in place?	x		
8.5	Is PPE issued, stored, maintained, training given in its use?	x		
8.6	Comments: Broken chair in nurses station, no one knew if we had any out of service signs or where to put the chair.			
9. Plant/ Machinery/ Equipment				
9.1	Is equipment checked annually? Look for tag on equipment from Bio-Med, etc	x		
9.2	Are records of equipment maintenance including available?	x		
9.3	Are ladders/steps used safely and in good condition?	x		
9.4	On visible appearance, does all equipment appear to be in good condition?	x		
9.5	Comments:			
10. Work Practices				
10.1	Is there evidence that all equipment is being used correctly?	x		
10.2	From observation, are correct hazardous manual task procedures being used?	x		
10.3	If gas cylinders are being used, are they secured/stable?	x		
10.4	Comments:			
11. Hazardous Substances/ Dangerous Goods/ chemicals – referred to as Dangerous Substances below *NB Highly volatile Dangerous Substances are to be reviewed more frequently				
11.1	Is the Dangerous Substance Register current and easily accessible?	x		
11.2	Is the Dangerous Substance Manual current and easily accessible?	x		
11.3	Are all Safety Data Sheets (SDS, formerly MSDS) current and easily accessible?	x		
11.4	Are risk assessments and SOPs completed, current and easily accessible for the safe handling of all dangerous substances?	x		
11.5	Are all workers properly trained in the safe handling of Dangerous Substances? Is this training included in the Local Orientation program?	x		
11.6	Are Dangerous Substances including those stored in tanks/ drums labeled correctly? (incl. items that have been decanted or awaiting disposal)	x		

WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 2. COMPLETE PLAN FOR ALL IDENTIFIED ISSUES THAT CAN BE RESOLVED IMMEDIATELY (Sign-off when completed)				
WHS Issued Identified	Risk Rating*	Corrective Action**	Person Responsible***	Date complete****
Staff feeling unsafe with 1 on 1 escorts		Minimum of 2 staff for escorts	ADON / OP director	in progress by
Consumers have access to metal cutlery		Provide Plastic cutlery. - under review by	OP director + ADON	

\*Use the Risk Matrix located in Section 4, WHSF.20 in the WHSMS - all High and Extreme risks must be reported in Riskman (Non-individual form) and the relevant Tier 2 Health and Safety Committee (HSC)  
 \*\*Note: Corrective Actions shall be established by referring to the Hierarchy of Control, section 7.1.11 or WHSF.21 in the Health Directorate's Work, Health and Safety Management System (WHSMS). The Hierarchy of Control is, in descending order of effectiveness: Elimination, Substitution, Isolation, Engineering, Administration and Personal Protective Equipment.  
 \*\*\*Corrective Actions are a management responsibility  
 \*\*\*\*See WHSMS section 7.1 Risk Management

STEP 3. ADD ALL OUTSTANDING ISSUES IDENTIFIED TO WORK AREA'S CORRECTIVE ACTION PLAN

STEP 4. SIGNATURES REQUIRED (when the Planned Inspection & this form have been completed)

Supervisor/ Manager:  Signature:  Date: 16/5/18 Tier 2 HSC meeting date:  
 HSR/ Worker: Carol Sandland Signature: Date: 15/05/2018

I acknowledge that I have completed a Planned Inspection of the relevant work area and either completed or assisted in completing this checklist accordingly.



Agenda  
Work Health & Safety Committee  
Justice Health Services

Monday 18 June 2018  
2.00pm – 2.30pm

Via Teleconference –x27162

WELCOME

1. Attendance /Apologies
2. Minutes and Action Arising from Previous Meeting
  - 2.1 Action Minutes of Previous Meeting
  - 2.2 Outstanding action arising from previous meetings
3. Reports
  - 3.1 [REDACTED]
  - 3.2 [REDACTED]
  - 3.3 [REDACTED]
  - 3.4 Dhulwa Mental Health Unit
  - 3.5 Staff Accident/Incident Reporting
4. Report from Workplace Safety
5. Divisional Workplace Goals and Objectives
  - 5.1 Staff Wellbeing
  - 5.2 Working towards a Smoke Free Environment
6. Items to be included on the Program Risk Register
7. Items to be raised to the Divisional Work, Health & Safety Meeting
8. Other Business

*Next meeting:* JHS Work Health & Safety Committee will be held on 9 July 2018.





**Action Minutes  
Justice Health Services Meeting:  
Work Health & Safety Committee**

**Meeting Date:** 26 March 2018

**Agenda Item No:** 2.1

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**Subject:** Action Minutes of Justice Health Services Work Health & Safety Committee  
Meeting of 26 March 2018

---

**Source:** Jacqui Raby  
Administration and Information Manager  
Justice Health Services

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**Purpose/comments:** For endorsement

**Justice Health Services Work Health & Safety Committee  
Meeting 26 March 2018**

**ACTION MINUTES**

**1. Attendance and Apologies**

In Attendance:

Name	Role	✓	Ap, or ✗
Sally Billington	A/g Operational Director, Justice Health Services(Chair)	✓	
Deborah Plant	Operational Director, Dhulwa Mental Health Unit		AP
Cheryl Cuthbertson	A/g Assistant Director of Nursing, Primary Health		AP
Jaime Bingham	Senior Manager, Forensic Mental Health Services		AP
Tasha Lutz	A/g Assistant Director of Nursing, Dhulwa Mental Health Unit	✓	
Jacqui Raby	Administration & Information Manager, JHS	✓	
Gwynne Thomas	HSR, AMC, Primary Health		AP
Jacqueline Monaghan	HSR, AMC, Primary Health		AP
Yolanda Robertson	HSR, Bimberi, Primary Health	✓	
Tegan Murray	HSR, 1 Moore Street, Forensic Mental Health Services	✓	
Denise Meyboom	Workplace Safety Representative	✓	
Liza Marando	Administration & Information Manager, DMHU	✓	

Minutes: Jacqui Raby

**2. Minutes and Action Arising from Previous Meetings**

**2.1 Action Minutes of Meeting**

The Minutes from the previous meeting were endorsed.

**2.2 Outstanding Action Arising Running Sheet from previous meetings**

The outstanding actions arising were reviewed and updated.

**3. Reports**

**3.1**

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

**3.2**

[REDACTED]

- [REDACTED]

**3.3**

[REDACTED]

- [REDACTED]

### 3.4 Dhulwa Mental Health Unit

- Noted there were issues raised by the HSR's.
- Concerns RE: Risk involved with 1:1 escorts – Operational Director to follow up and report as necessary.
- Noted there has been union contact.

### 3.5 Staff Accident/Incident Reporting

- The SAIR was tabled and noted.

## 4. **Report from Workplace Safety**

- Nothing to report.

## 5. **Divisional Workplace Goals & Objectives**

### 5.1 Staff Wellbeing

- Noted that there are current MyHealth workshops and more to come.

### 5.2 Working towards a Smoke Free Environment

- [REDACTED]
- Noted that a reminder email was sent to all DMHU staff regarding smoking off premises.

## 6. **Items to be included on the Program Risk Register**

- Noted the DMHU Risk Register is to be updated – ACTION: Deb Plant

## 7. **Items to be raised to the Divisional Work, Health & Safety Meeting**

- Noted the outcome from the meeting with Daniel Guthrie is to be raised.

## 8. **Other Business**

- Nothing to report.

### **Next Meeting:**

The next Work Health & Safety meeting will be held on Monday, 16 April 2018.



**ACT**  
Government  
Health



CANBERRA HOSPITAL  
AND HEALTH SERVICES

**Mental Health, Justice Health and Alcohol & Drug Services**  
Justice Health Services: Work Health & Safety Meeting

**Outstanding Action Arising Running Sheet Meeting: March 2018**

Item No	Action Item	Person(s) Responsible	From Meeting	Remarks
1.	SAIR	Jaime Bingham Tash Lutz Cheryl Cuthbertson	26 March 2018	<ul style="list-style-type: none"> <li>Jaime, Tash and Cheryl to review the SAIR report.</li> </ul>
2.	Discussion with HSR	Deb Plant Tash Lutz	19 February 2018	<ul style="list-style-type: none"> <li>Deb and Tash to discuss issues with HSR and organise risk assessments if required regarding safety and escorts when operating a vehicle.</li> <li>26.3.18 – Meeting occurred: Deb to provide update on outcomes on how to manage.</li> </ul>
3.	Risk Register – DMHU	Deb Plant	26 March 2018	<ul style="list-style-type: none"> <li>Deb to review and update.</li> </ul>



**WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL (Monthly)/OFFICE (Quarterly) - Please circle**

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)				
WORK GROUP: Dhulwa Mental Health Unit		DATE: 01/06/2018		
INSPECTED BY (Manager's name):		INSPECTED BY (HSR/ Worker's name): Sabarish Radhakrishnan		
Item No	Item	Yes	No	N/A
<b>1. General Work Safety Issues</b>				
1.1	Are all Corrective Action(s) from last inspection complete?			
1.2	Are policies, flow charts & reporting forms accessible in work area?	x		
1.3	Have all workers received induction/orientation program?	x		
1.4	Have all workers completed or programmed to attend mandatory training (incl. ACT Health Orientation, Child protection, Fire & Emergency, Manual Handling Awareness & Workplace Induction Pathway)?	x		
1.5	Are Standard Operating Procedures (SOPS) in place and available?			Ongoing policy development
1.6	Do all workers know where the nearest emergency exit/emergency assembly point is located?	x		
1.7	Is the HSR posted on the WHS notice board?	x		
1.8	Comments:			
<b>2. Housekeeping</b>				
2.1	Are all walkways, floors, stairs (incl. Fire Stairs), and exits clear of obstruction?	x		
2.2	Are all stock/ supplies safely stored and stacked?	x		
2.3	Are floor surfaces clear of rubbish, liquid, debris, trip hazards, etc?	x		
2.4	Are hazard/ safety signs visible and posted correctly?	x		
2.5	Is the workplace layout functional & safe?	x		
2.6	Is there good access & egress to the work areas?	x		
2.7	Is the work area free from any fumes, vapours or dust?	x		
2.8	Other housekeeping issues:			
<b>3. Lighting</b>				
3.1	Are light levels appropriate?	x		
3.2	Are all lights working?	x		
3.3	Are light diffusers clean free from debris?	x		
3.4	Comments:			
<b>5. Electrical Safety</b>				
5.1	Has electrical equipment been tested & tagged, and within date?	x		
5.2	Are leads managed safely to prevent damage or trip hazards?	x		
5.3	Are there sufficient power outlets to operate electrical equipment in the area?	x		



**WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL (Monthly)/OFFICE (Quarterly) - Please circle**

<b>STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)</b>		<b>DATE: 01/06/2018</b>	
<b>WORK GROUP:</b> Dhulwa Mental Health Unit		<b>INSPECTED BY (HSR/ Worker's name):</b> Sabarish Radhakrishnan	
Item No	Item	Yes	No
5.4	Are all extension cords & fittings protected from damage & moisture?	X	
5.5	Are all leads/plugs/outlets in good condition? (no exposed wires/crimps/tears/rips in the outer cable, or bent prongs)	X	
5.6	The Cardiac and/or Body Protected (RCD) area is tested and tagged? (6 monthly in clinical areas)	X	
5.7	Comments:		
<b>6. First Aid</b>			
6.1	Is the first aid kit fully stocked & current?	X	
6.2	Are First Aider's names & location posted on the WHS notice board?	X	
6.3	Comments:		
<b>7. Fire/Emergency/Security</b>			
7.1	Has all emergency equipment been serviced according to the required schedule (check yellow tag)? 6 Monthly Fire extinguishers Hose reels Fire blankets Hydrants  * the punch mark on the yellow tags is the date last inspected.	X	
7.2	Has emergency equipment that is missing, or recently been used, been replaced? (Items may include: Extinguishers, Hose Reels, Fire/Smoke Doors, Blankets, and Break Glass alarms, Manual Call Point, Exit Signs, Smoke & Thermal Detectors, Sprinklers, Fire Suppression, WIP Phones and EWIS / FIP Panels.)		X
7.3	Are all fire exits clearly marked, clear of obstruction, easily opened?	X	
7.4	Are fire stairs clear of obstruction and in working order? (e.g. lights/doors/handrails)	X	
7.5	Is all Emergency Exit lighting (running person) in working order?	X	
7.6	Are emergency evacuation diagrams/plans/procedures current & posted?	X	
7.7	Are emergency contacts current & posted on the WHS notice board i.e. Fire Warden?	X	
7.8	Are duress alarms working & frequently tested?	X	
7.9	Are there procedures/processes in place for issues of violence/aggression?	X	
7.10	Comments:		
<b>8. Personal Protective Equipment (PPE)</b>			
8.1	Is eye protection available & being used when required?	X	
8.2	Is face protection available & being used when required?	X	

**WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL (Monthly)/OFFICE (Quarterly) - Please circle**

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' (No 'Requires details in the Issue Identified column)					
WORK GROUP:		Dhuluiwa Mental Health Unit		DATE: 01/06/2018	
INSPECTED BY (Manager's name):			INSPECTED BY (HSR/ Worker's name): Sabarish Radhakrishnan		
Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
8.3	Is hearing protection available & being used when required?			x	
8.4	Is appropriate PPE being used correctly?	x			
8.5	Is PPE stored, maintained appropriately?	x			
8.6	Comments: New PPE (elastic strap mask) have been ordered				
<b>9. Machinery &amp; Equipment</b>					
9.1	Is equipment maintained & serviced accordingly?	x			
9.2	Are records of equipment maintenance within date & available?	x			
9.3	On visible appearance, does all equipment appear to be in good condition?	x			
9.4	Comments:				
<b>10. Work Practices</b>					
10.1	Is there evidence that all equipment is being used correctly?	x			
10.2	From observation, are correct hazardous manual task procedures being used?	x			
10.3	If gas cylinders are being used, are they secured/stable?	x			
10.4	Comments:				
<b>11. Hazardous Substances/ Dangerous Goods/ chemicals – referred to as Dangerous Substances below. *NB Highly volatile Dangerous Substances are to be reviewed more frequently</b>					
11.1	Is the Dangerous Substance Register current and easily accessible?	x			
11.2	Are all Safety Data Sheets (SDS, formerly MSDS) current and easily accessible?	x			
11.3	Are risk assessments and SOPs completed, current and easily accessible for the safe handling of all dangerous substances?	x			
11.4	Are all workers properly trained in the safe handling of Dangerous Substances? Is this training included in the Local Orientation program?	x			
11.5	Are Dangerous Substances including those stored in tanks/ drums labeled correctly? (incl. items that have been decanted or awaiting disposal)	x			
11.6	Are Dangerous Substances stored correctly? Is packaging intact? (incl. separation and segregation of incompatible chemicals)	x			
11.7	Are stocks of Dangerous Substances checked to ensure they are not out of date?			x	All new products
11.8	Are Dangerous Substances disposed of correctly?	x			
11.9	Are spill kits available for dangerous substances? Are workers trained in using a spill kit?	x			
11.10	Is waste disposed of in correct the containers/ bins? (e.g. Clinical waste only in bins provided)	x			
11.11	Are medication/ drugs securely maintained and accounted for?	x			
11.12	Comments:				



**WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL (Monthly)/OFFICE (Quarterly) – Please circle**

**STEP 2. COMPLETE PLAN FOR ALL IDENTIFIED ISSUES THAT CAN BE RESOLVED IMMEDIATELY (Sign-off when completed)**

**STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)**

<b>WORK GROUP:</b> Dhulwa Mental Health Unit		<b>DATE:</b> 01/06/2018	
<b>INSPECTED BY (HSR/ Worker's name):</b> Sabarish Radhakrishnan			
<b>Item No</b>	<b>Item</b>	<b>Yes</b>	<b>No</b>
<b>Issue Identified (add detail to Corrective Action Plan – page 5)</b>			
<b>12. Workstations</b>			
12.1	Are the workstations in the area set up ergonomically? (refer to section 7.7.14.1, 7.7.15 & WHSF.31 Workstation checklist or ergonomist/OT formal workstation assessment)	x	
12.2	Do chairs have the correct castors for the floor type (e.g. soft tyre for hard surfaces, hard plastic for carpeted surfaces)?	x	
12.3	Are desks/worktops/benches clutter-free?	x	
12.4	Is there sufficient legroom under desks/worktops/benches?	x	
12.5	Comments:		
<b>13. Other issues (specific to your work area) i.e. PC2 requirements for laboratories</b>			
13.1	Delayed Code Black response on the Dures system and annunciator	x	
13.2			
13.3			
13.4			
13.5			
13.6			
13.7			
13.8			
13.12			

\*Use the Risk Matrix located in Section 4, WHSF.20 in the WHSMS - all High and Extreme risks must be reported in Riskman (Non-Individual form) and the relevant Tier 2 Health and Safety Committee (HSC)  
 \*\*Note: Corrective Actions shall be established by referring to the Hierarchy of Control, section 7.1.11 or WHSF.21 in the Health Directorate's Work, Health and Safety Management System (WHSMS). The Hierarchy of Control is, in descending order of effectiveness: Elimination, Substitution, Isolation, Engineering, Administration and Personal Protective Equipment.  
 \*\*\*Corrective Actions are a management responsibility  
 \*\*\*\*See WHSMS section 7.1 Risk Management

**WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL (Monthly)/OFFICE (Quarterly) - Please circle**

WHS Issued Identified	Risk Rating*	Corrective Action**	Person Responsible***	Date complete****	Signature
As above					

**STEP 3. ADD ALL OUTSTANDING ISSUES IDENTIFIED TO WORK AREA'S CORRECTIVE ACTION PLAN**

Issue Identified	Date Identified	Person Responsible
As above		

**STEP 4. SIGNATURES REQUIRED (when the Planned Inspection & this form have been completed)**

Supervisor/ Manager: Tash Wtz Signature:  Date: Tier 2 HSC meeting date:  
 HSR/ Worker: Sabarish Radhakrishnan Signature: R. V Date: 01/05/18

I acknowledge that I have completed a Planned Inspection of the relevant work area and either completed or assisted in completing this checklist accordingly.

WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

**STEP 1: COMPLETE THE PLANNED INSPECTION FORM. TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)**

**WORK GROUP:** DMHU

**DATE:** 30/06/2018

**INSPECTED BY (Manager's name):** Tash Lutz

**INSPECTED BY (HSR/Worker's name):** Carol Sandland

**Item No** | **Item** | **Yes** | **No** | **N/A** | **Issue Identified (add detail to Corrective Action Plan – page 5)**

**1. General Work Safety Issues**

1.1	Are all Corrective Action(s) from last month's inspection complete?				
1.2	Are policies, flow charts & reporting forms accessible in work area? e.g. RTW, Riskman	X			
1.3	Is the work area induction/orientation program performed for all new workers? (this should include emergency awareness, dangerous substances & hazards specific to the work area)	X			
1.4	Have all relevant workers completed or programmed to attend mandatory WHS training (incl. Dangerous Substances, Manual Handling, SAIR etc)?	X			
1.5	Are Standard Operating Procedures (SOPs) Safety Rules developed & posted?				Ongoing Policy Development
1.6	Do all workers know where the nearest emergency exit/emergency assembly point is located?	X			
1.7	Do all workers know who the HSR is for the work area/ department?	X			
1.8	Comments:				

**2. Housekeeping**

2.1	Are all walkways, floors, stairs (incl. Fire Stairs), and exits clear of obstruction?	X			
2.2	Are all walkway lines clearly marked?	X			
2.3	Are all stock/ supplies safely stored and stacked?	X			
2.4	Are floor surfaces clear of rubbish, liquid, debris, trip hazards, etc?	X			
2.5	Are stairs, steps & treads safe?	X			
2.6	Are hazard/ safety signs visible/ legible?	X			
2.7	Is the workplace layout functional & safe?	X			
2.8	Is there good access & egress to the work areas?	X			
2.9	Is the work area free from any fumes, vapours or dust?	X			
2.10	Comments:				

**3. Lighting**

3.1	Are lighting standards adequate in all areas, including external areas? (e.g. no glare on PC monitor)	X			
3.2	Are light fittings clear & in good working order?	X			
3.3	Comments:				

**4. Ventilation**

4.1	Is there adequate ventilation?	X			
4.2	Is the ventilation draught-free?	X			
4.3	Comments:				

**5. Electrical Safety**

5. Electrical Safety					
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## WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'NA' ('No' Requires details in the Issue Identified column)					
WORK GROUP: DMHU					
INSPECTED BY (Manager's name): Tash Lutz					
DATE: 30/06/2018					
Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
5.1	Has electrical equipment been tagged & tested? Is it within the correct time frame? (minimum yearly)	X			
5.2	Are leads off the ground or in a conduit/covering or cable tray?	X			
5.3	Are there sufficient power outlets to operate electrical equipment in the area? (i.e. NO double adapters, no power boards plugged into power boards or extension leads into extensions leads)	X			
5.4	Are extension cords & fittings supported above work areas, wet areas & passages safely? (i.e. cords not knotted)	X			
5.5	Are all extension cords & fitters protected from mechanical damage & moisture?	X			
5.6	Are all leads/plugs/outlets in good condition? (no exposed wires/crimps/tears/srips in the outer cable, or bent prongs)	X			
5.7	Are all routed cords in good condition? No evidence of stretching/crimping/wear and tear? Inclusive of electronic equipment (Pumps, Beds, Plinths, Scissor lifts etc)	X			
5.8	Are headsets in good working order?			X	
5.9	The Cardiac and/or Body Protected (RCD) area is tested and tagged? (6 monthly, if applicable)	X			
5.10	Comments:				
<b>6. First Aid</b>					
6.1	Is the first aid kit fully stocked & current?	X			
6.2	Are First Aider's names clearly identified? Do workers know who the First Aid Officer is for the work area?			X	
6.3	Is there a method for recording injuries? (Riskman or ACT Govt. Accident Incident Report)	X			
6.4	Do all workers at the workplace know the first aid procedures to be followed in the event of serious injury or incident (determine from interview)?	X			
6.5	Comments:				
<b>7. Fire/Emergency/ Security</b>					
7.1	Has all emergency equipment been serviced according to the required schedule (check yellow tag)? Fire Extinguishers, Hose Reels, Blankets and Hydrants (6 monthly), Fire Doors (12 Monthly), Smoke Doors (monthly).	X			
7.2	Has emergency equipment that is missing, or recently been used, been replaced? (Items may include: Extinguishers, Hose Reels, Fire/Smoke Doors, Blankets, Break Glass alarms, Manual Call Point, Exit Signs, Smoke & Thermal Detectors, Sprinklers, Fire Suppression, W/P Phones and EW/S/FIP Panels.)	X			
7.3	Are all exits/fire doors clearly marked, clear of obstruction, easily opened?	X			
7.4	Check all Emergency Exit lighting (running person) is in working order and direction correct	X			
7.5	Are emergency evacuation diagrams/plans/procedures available and current?	X			

WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)

WORK GROUP: DMHU DATE: 30/06/2018

INSPECTED BY (Manager's name): Tash Lutz INSPECTED BY (HSR/ Worker's name): Carol Sandland

Item No Item Yes No N/A Issue Identified (add detail to Corrective Action Plan – page 5)

7.6 Are fire stairs clear of obstruction and in working order? (e.g. lights/doors/handrails) X

7.7 Are duress alarms available/working/frequently tested? X

7.8 Are there procedures/ processes in place for issues of violence/aggression? X

7.9 Comments:

8. Personal Protective Equipment (PPE)

8.1 Is eye protection being used when required? X

8.2 Is face protection being used when required? X

8.3 Is appropriate PPE being used correctly? X

8.4 Is the danger/out of service tag system in place? X

8.5 Is PPE issued, stored, maintained, training given in its use? X

8.6 Comments: Broken chair in nurses station, no one knew if we had any out of service signs or where to put the chair.

9. Plant/ Machinery/ Equipment

9.1 Is equipment checked annually? Look for tag on equipment from Bio-Med, etc X

9.2 Are records of equipment maintenance including available? X

9.3 Are ladders/steps used safely and in good condition? X

9.4 On visible appearance, does all equipment appear to be in good condition? X

9.5 Comments:

10. Work Practices

10.1 Is there evidence that all equipment is being used correctly? X

10.2 From observation, are correct hazardous manual task procedures being used? X

10.3 If gas cylinders are being used, are they secured/stable? X

10.4 Comments:

11. Hazardous Substances/ Dangerous Goods/ chemicals – (referred to as Dangerous Substances below) \*NB Highly volatile Dangerous Substances are to be reviewed more frequently

11.1 Is the Dangerous Substance Register current and easily accessible? X

11.2 Is the Dangerous Substance Manual current and easily accessible? X

11.3 Are all Safety Data Sheets (SDS, formerly MSDS) current and easily accessible? X

11.4 Are risk assessments and SOPs completed, current and easily accessible for the safe handling of all dangerous substances? X

11.5 Are all workers properly trained in the safe handling of Dangerous Substances? Is this training included in the Local Orientation program? X

11.6 Are Dangerous Substances including those stored in tanks/ drums labeled correctly? (incl. items that have been decanted or awaiting disposal) X



WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

**STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)**

**WORK GROUP:** DMHU

**DATE:** 30/06/2018

**INSPECTED BY (Manager's name):** Tash Lutz

**INSPECTED BY (HSR/ Worker's name):** Carol Sandland

Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
11.7	Are Dangerous Substances stored correctly? Is packaging intact? (incl. separation and segregation)	X			
11.8	Are stocks of Dangerous Substances checked to ensure they are not out of date?	X			
11.9	Are Dangerous Substances disposed of correctly?	X			
11.10	Are spill kits available for dangerous substances? Are workers trained in using a spill kit?	X			
11.11	Fire mitigation available? (appropriate types of extinguishers/ blankets for Dangerous Substances stored)	X			
11.12	Is waste disposed of in correct the containers/ bins? (e.g. Clinical waste only in bins provided)	X			
11.13	Are medication/ drugs securely maintained and accounted for?	X			
11.14	Comments:				
<b>12. Workstations</b>					
12.1	Are the workstations in the area set up ergonomically? (refer to section 7.7.14.1, 7.7.15 & WHSF.31 Workstation checklist or ergonomist/OT formal workstation assessment)	X			
12.2	Do chairs have the correct castors for the floor type (e.g. soft tyre for hard surfaces, hard plastic for carpeted surfaces)?	X			
12.3	Are desks/worktops/benches clutter-free?	X			
12.4	Is there sufficient legroom under desks/worktops/benches?	X			
12.5	Comments:				
<b>13. Plant Rooms (for Property Maintenance &amp; Management and Health Centre Managers Only)</b>					
13.1	Are the plant rooms clear of stored equipment, chemicals and rubbish?			X	
13.2	Has all emergency equipment been serviced according to the required schedule (6 mthly)?			X	
13.3	Are exit signs are visible?			X	
13.4	Is access/egress to the plant room clear and free of trip hazards?			X	
13.5	Are plant rooms kept locked? Are they appropriately signposted if the plant room is a confined space?			X	
13.6	Are walkways/stairways clutter free and in good condition? E.g. free of water or oil, good tread, etc.			X	
13.7	Comments:				
<b>14. Other Issues (specific to your work area)</b>					
14.1	Government Vehicle prestart checklist has been completed? (WHSF.37)			X	

**WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL**

<b>STEP 2. COMPLETE PLAN FOR ALL IDENTIFIED ISSUES THAT CAN BE RESOLVED IMMEDIATELY (Sign-off when completed)</b>					
<b>WHS Issued Identified</b>	<b>Risk Rating*</b>	<b>Corrective Action**</b>	<b>Person Responsible***</b>	<b>Date complete****</b>	<b>Signature</b>
Staff feeling unsafe with 1 on 1 escorts		Interim measures implemented while procedure is reviewed and updated.	Op Director/ADON	16 April 2018	TL
Consumers have access to metal cutlery		The usage of cutlery is risk assessed by MDT and determined on an individual basis. Purchase of smaller forks	MDT/Psychiatrist/NIC ADON	2 July 2018 29 June 2018	TL TL

\*Use the Risk Matrix located in Section 4, WHSF 20 in the WHSMS - all High and Extreme risks must be reported in Riskman (Non-Individual form) and the relevant Tier 2 Health and Safety Committee (HSC)

\*\*Note: Corrective Actions shall be established by referring to the Hierarchy of Control, section 7.1.11 or WHSF 21 in the Health Director's Work, Health and Safety Management System (WHSMS). The Hierarchy of Control is, in descending order of effectiveness: Elimination, Substitution, Isolation, Engineering, Administration and Personal Protective Equipment

\*\*\*Corrective Actions are a management responsibility

\*\*\*\*See WHSMS section 7.1 Risk Management

**STEP 3. ADD ALL OUTSTANDING ISSUES IDENTIFIED TO WORK AREA'S CORRECTIVE ACTION PLAN**

**STEP 4. SIGNATURES REQUIRED (when the Planned Inspection & this form have been completed)**

Supervisor/ Manager: Tasha Lutz

Signature:

Date: 2 July 2018

Tier 2 HSC meeting date:

HSR/ Worker:

Signature:

Date:

I acknowledge that I have completed a Planned Inspection of the relevant work area and either completed or assisted in completing this checklist accordingly.



Agenda  
Work Health & Safety Committee  
Justice Health Services

Monday 9 July 2018  
3.30pm – 4.00pm

Via Teleconference –x27162

WELCOME

1. Attendance /Apologies
2. Minutes and Action Arising from Previous Meeting
  - 2.1 Action Minutes of Previous Meeting
  - 2.2 Outstanding action arising from previous meetings
3. Reports
  - 3.1 [REDACTED]
  - 3.2 [REDACTED]
  - 3.3 [REDACTED]
  - 3.4 Dhulwa Mental Health Unit
  - 3.5 Staff Accident/Incident Reporting
4. Report from Workplace Safety
5. Divisional Workplace Goals and Objectives
  - 5.1 Staff Wellbeing
  - 5.2 Working towards a Smoke Free Environment
6. Items to be included on the Program Risk Register
7. Items to be raised to the Divisional Work, Health & Safety Meeting
8. Other Business

*Next meeting:* JHS Work Health & Safety Committee will be held on 13 August 2018.





**Action Minutes**  
**Justice Health Services Meeting:**  
**Work Health & Safety Committee**

**Meeting Date:** 9 July 2018

**Agenda Item No:** 2.1

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**Subject:** Action Minutes of Justice Health Services Work Health & Safety Committee  
Meeting of 9 July 2018

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**Source:** Renee Wilesmith  
Administration and Information Manager  
Justice Health Services

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**Purpose/comments:** For endorsement

**Justice Health Services Work Health & Safety Committee  
Meeting 9 July 2018**

**ACTION MINUTES**

**1. Attendance and Apologies**

In Attendance:

Name	Role	✓	Ap, or *
Jaime Bingham	A/g Operational Director, Justice Health Services (Chair)	✓	
Deborah Plant	Operational Director, Dhulwa Mental Health Unit	✓	
Cheryl Cuthbertson	A/g Assistant Director of Nursing, Primary Health		AP
Tegan Murray	A/g Senior Manager, Forensic Mental Health Services	✓	
Tasha Lutz	A/g Assistant Director of Nursing, Dhulwa Mental Health Unit	✓	
Jacqui Raby	Administration & Information Manager, JHS		AP
Gwynne Thomas	HSR, AMC, Primary Health		AP
Jacqueline Monaghan	HSR, AMC, Primary Health		AP
Yolanda Robertson	HSR, Bimberi, Primary Health	✓	
Sue Tremble	HSR, DMHU	✓	
Myette Leversage	HSR, DMHU	✓	
Denise Meyboom	Workplace Safety Representative	✓	
Liza Marando	Administration & Information Manager, DMHU	✓	

Minutes: Renee Wilesmith

**2. Minutes and Action Arising from Previous Meetings**

**2.1 Action Minutes of Meeting**

The Minutes from the previous meeting were accepted.

**2.2 Outstanding Action Arising Running Sheet from previous meetings**

The outstanding actions arising were reviewed and updated.

**3. Reports**

**3.1**

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

**3.2**

[REDACTED]

- [REDACTED]

**3.3**

[REDACTED]

- [REDACTED]

### 3.4 Dhulwa Mental Health Unit

- Noted there were issues missing from the corrective actions list however they should remain on there so they are not forgotten about.
- The metal cutlery issue has been resolved.
- HSR Reps to monitor corrective actions.

### 3.5 Staff Accident/Incident Reporting

- 1 SAIR for DMHU about the S4 Drug check not being completed at changeover from night staff to AM staff. **NOT a SAIR.**
- 1 SAIR – male consumer assaulted. **NOT a SAIR.**
- 2 FMHS incidents that should have been captured.

## 4. **Report from Workplace Safety**

- Nil to report.

## 5. **Divisional Workplace Goals & Objectives**

### 5.1 Staff Wellbeing

- Noted that DMHU completed a healthy workplace challenge.
- [REDACTED]

### 5.2 Working towards a Smoke Free Environment

- [REDACTED]
- [REDACTED]

## 6. **Items to be included on the Program Risk Register**

- [REDACTED]
- [REDACTED]
- [REDACTED]

## 7. **Items to be raised to the Divisional Work, Health & Safety Meeting**

- Nil.

## 8. **Other Business**

- Nothing to report.

### **Next Meeting:**

The next Work Health & Safety meeting will be held August 2018.





**ACT**  
Government  
Health



CANBERRA HOSPITAL  
AND HEALTH SERVICES

**Mental Health, Justice Health and Alcohol & Drug Services**  
Justice Health Services: Work Health & Safety Meeting

**Outstanding Action Arising Running Sheet Meeting: July 2018**

Item No	Action Item	Person(s) Responsible	From Meeting	Remarks
1.	SAIR	Jaime Bingham Tash Lutz Cheryl Cuthbertson	26 March 2018	<ul style="list-style-type: none"> <li>Jaime, Tash and Cheryl to review the SAIR report.</li> </ul>
2.	Discussion with HSR	Deb Plant Tash Lutz	19 February 2018	<ul style="list-style-type: none"> <li>Deb and Tash to discuss issues with HSR and organise risk assessments if required regarding safety and escorts when operating a vehicle.</li> <li>26.3.18 – Meeting occurred: Deb to provide update on outcomes on how to manage.</li> </ul>
3.	Risk Register – DMHU	Deb Plant	26 March 2018	<ul style="list-style-type: none"> <li>Deb to review and update.</li> </ul>

# WHISF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)				
WORK GROUP: DMHU		DATE: 23/07/2018		
INSPECTED BY (Manager's name): Tash Lutz				
Item No	Item	Yes	No	Issue Identified (add detail to Corrective Action Plan – page 5)
<b>1. General Work Safety Issues</b>				
1.1	Are all Corrective Action(s) from last month's inspection complete?	✓	x	
1.2	Are policies, flow charts & reporting forms accessible in work area? e.g. RTW, Riskman	✓		
1.3	Is the work area induction/orientation program performed for all new workers? (this should include emergency awareness, dangerous substances & hazards specific to the work area)	✓		
1.4	Have all relevant workers completed or programmed to attend mandatory WHS training (incl. Dangerous Substances, Manual Handling, SAIR etc)?	✓		
1.5	Are Standard Operating Procedures (SOPS) Safety Rules developed & posted?			Ongoing
1.6	Do all workers know where the nearest emergency exit/emergency assembly point is located?	✓		
1.7	Do all workers know who the HSR is for the work area/ department?	✓		
1.8	Comments:			
<b>2. Housekeeping</b>				
2.1	Are all walkways, floors, stairs (incl. Fire Stairs), and exits clear of obstruction?	✓		
2.2	Are all walkway lines clearly marked?	✓		
2.3	Are all stock/ supplies safely stored and stacked?	✓		
2.4	Are floor surfaces clear of rubbish, liquid, debris, trip hazards, etc?	✓		
2.5	Are stairs, steps & treads safe?	✓		
2.6	Are hazard/ safety signs visible/ legible?	✓		
2.7	Is the workplace layout functional & safe?	✓		
2.8	Is there good access & egress to the work areas?	✓		
2.9	Is the work area free from any fumes, vapours or dust?	✓		
2.10	Comments:			
<b>3. Lighting</b>				
3.1	Are lighting standards adequate in all areas, including external areas? (e.g. no glare on PC monitor)	✓		
3.2	Are light fittings clear & in good working order?	✓		
3.3	Comments:			
<b>4. Ventilation</b>				
4.1	Is there adequate ventilation?	✓		
4.2	Is the ventilation draught-free?	✓		
4.3	Comments:			
<b>5. Electrical Safety</b>				



WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)			
WORK GROUP: DMHU		DATE: 23/07/2018	
INSPECTED BY (Manager's name): Tash Lutz		INSPECTED BY (HSR/ Worker's name): Goodwell Mhlanga	
Item No	Item	Yes	No N/A Issue Identified (add detail to Corrective Action Plan – page 5)
5.1	Has electrical equipment been tagged & tested? Is it within the correct time frame? (minimum yearly)	✓	
5.2	Are leads off the ground or in a conduit/covering or cable tray?		x
5.3	Are there sufficient power outlets to operate electrical equipment in the area? (i.e. NO double adapters, no power boards plugged into power boards or extension leads into extensions leads)	✓	
5.4	Are extension cords & fittings supported above work areas, wet areas & passages safely? (i.e. cords not knotted)	✓	
5.5	Are all extension cords & fitters protected from mechanical damage & moisture?	✓	
5.6	Are all leads/plugs/outlets in good condition? (no exposed wires/crimps/tears/rips in the outer cable, or bent prongs)	✓	
5.7	Are all routed cords in good condition? No evidence of stretching/crimping/wear and tear? <b>inclusive of electronic equipment (Pumps, Beds, Plinths, Scissor lifts etc)</b>	✓	
5.8	Are headsets in good working order?	✓	
5.9	The Cardiac and/or Body Protected (RCD) area is tested and tagged? (6 monthly, if applicable)	✓	
5.10	Comments:		
<b>6. First Aid</b>			
6.1	Is the first aid kit fully stocked & current?	✓	
6.2	Are First Aider's names clearly identified? Do workers know who the First Aid Officer is for the work area?		x
6.3	Is there a method for recording injuries? (Riskman or ACT Govt. Accident Incident Report)	✓	
6.4	Do all workers at the workplace know the first aid procedures to be followed in the event of serious injury or incident (determine from interview)?	✓	
6.5	Comments:		
<b>7. Fire/Emergency/ Security</b>			
7.1	Has all emergency equipment been serviced according to the required schedule (check yellow tag)? Fire Extinguishers, Hose Reels, Blankets and Hydrants (6 monthly), Fire Doors (12 Monthly), Smoke Doors (monthly).	✓	
7.2	Has emergency equipment that is missing, or recently been used, been replaced? (items may include: Extinguishers, Hose Reels, Fire/Smoke Doors, Blankets, Break Glass alarms, Manual Call Point, Exit Signs, Smoke & Thermal Detectors, Sprinklers, Fire Suppression, WIP Phones and EWIS/ FIP Panels.)	✓	
7.3	Are all exits/fire doors clearly marked, clear of obstruction, easily opened?	✓	
7.4	Check all Emergency Exit lighting (running person) is in working order and direction correct	✓	
7.5	Are emergency evacuation diagrams/plans/procedures available and current?	✓	



# WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM. TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)		DATE: 23/07/2018	
WORK GROUP: DMHU		INSPECTED BY (HSR/ Worker's name): Goodwell Mhianga	
INSPECTED BY (Manager's name): Tash Lutz		Yes	No
Item No	Item	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
7.6	Are fire stairs clear of obstruction and in working order? (e.g. lights/doors/handrails)	✓	
7.7	Are duress alarms available/working/frequently tested?	✓	
7.8	Are there procedures/ processes in place for issues of violence/aggression?	✓	
7.9	Comments:		
8. Personal Protective Equipment (PPE)			
8.1	Is eye protection being used when required?	✓	
8.2	Is face protection being used when required?	✓	
8.3	Is appropriate PPE being used correctly?	✓	
8.4	Is the danger/out of service tag system in place?	✓	
8.5	Is PPE issued, stored, maintained, training given in its use?	✓	
8.6	Comments:		
9. Plant/ Machinery/ Equipment			
9.1	Is equipment checked annually? Look for tag on equipment from Bio-Med, etc	✓	
9.2	Are records of equipment maintenance including available?	✓	
9.3	Are ladders/steps used safely and in good condition?	✓	
9.4	On visible appearance, does all equipment appear to be in good condition?	✓	
9.5	Comments:		
10. Work Practices			
10.1	Is there evidence that all equipment is being used correctly?	✓	
10.2	From observation, are correct hazardous manual task procedures being used?	✓	
10.3	If gas cylinders are being used, are they secured/stable?		x
10.4	Comments:		
11. Hazardous Substances/ Dangerous Goods/ chemicals – referred to as Dangerous Substances below *NB Highly volatile Dangerous Substances are to be reviewed more frequently			
11.1	Is the Dangerous Substance Register current and easily accessible?	✓	
11.2	Is the Dangerous Substance Manual current and easily accessible?	✓	
11.3	Are all Safety Data Sheets (SDS, formerly MSDS) current and easily accessible?	✓	
11.4	Are risk assessments and SOPs completed, current and easily accessible for the safe handling of all dangerous substances?	✓	
11.5	Are all workers properly trained in the safe handling of Dangerous Substances? Is this training included in the Local Orientation program?	✓	
11.6	Are Dangerous Substances including those stored in tanks/ drums labeled correctly? (incl. items that have been decanted or awaiting disposal)	✓	

**WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL**

<b>STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'N/A' (No 'Requires details in the Issue Identified column)</b>			
<b>WORK GROUP: DMHU</b>		<b>DATE: 23/07/2018</b>	
<b>INSPECTED BY (Manager's name): Tash Lutz</b>		<b>INSPECTED BY (HSR/ Worker's name): Goodwell Mhlanga</b>	
Item No	Item	Yes	No N/A
11.7	Are Dangerous Substances stored correctly? Is packaging intact? (incl. separation and segregation)	✓	
11.8	Are stocks of Dangerous Substances checked to ensure they are not out of date?	✓	
11.9	Are Dangerous Substances disposed of correctly?	✓	
11.10	Are spill kits available for dangerous substances? Are workers trained in using a spill kit?	✓	
11.11	Fire mitigation available? (appropriate types of extinguishers/ blankets for Dangerous Substances stored)	✓	
11.12	Is waste disposed of in correct the containers/ bins? (e.g. Clinical waste only in bins provided)	✓	
11.13	Are medication/ drugs securely maintained and accounted for?	✓	
11.14	Comments:		
<b>12. Workstations</b>			
12.1	Are the workstations in the area set up ergonomically? (refer to section 7.7.14.1, 7.7.15 & WHSF.31 Workstation checklist or ergonomist/OT formal workstation assessment)	✓	
12.2	Do chairs have the correct castors for the floor type (e.g. soft tyre for hard surfaces, hard plastic for carpeted surfaces)?	✓	
12.3	Are desks/worktops/benches clutter-free?	✓	
12.4	Is there sufficient legroom under desks/worktops/benches?	✓	
12.5	Comments:		
<b>13. Plant Rooms (for Property Maintenance &amp; Management and Health Centre Managers Only)</b>			
13.1	Are the plant rooms clear of stored equipment, chemicals and rubbish?		X
13.2	Has all emergency equipment been serviced according to the required schedule (6 monthly)?		X
13.3	Are exit signs are visible?		X
13.4	Is access/egress to the plant room clear and free of trip hazards?		X
13.5	Are plant rooms kept locked? Are they appropriately signposted if the plant room is a confined space?		X
13.6	Are walkways/stairways clutter free and in good condition? E.g. free of water or oil, good tread, etc.		X
13.7	Comments:		
<b>14. Other Issues (specific to your work area)</b>			
14.1	Government Vehicle prestart checklist has been completed? (WHSF.37)		X



**WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL**

<b>STEP 2. COMPLETE PLAN FOR ALL IDENTIFIED ISSUES THAT CAN BE RESOLVED IMMEDIATELY (Sign-off when completed)</b>					
<b>WHS Issued Identified</b>	<b>Risk Rating*</b>	<b>Corrective Action**</b>	<b>Person Responsible***</b>	<b>Date complete****</b>	<b>Signature</b>
Staff feeling unsafe with 1-1 escorts		Minimum 2 staff for escorts			
Consumers have access to metal cutlery		Resolved		July, 2018	
Loose cables under the nurses desk		To be attached back into the cable tray			

\*Use the Risk Matrix located in Section 4, WHSF.20 in the WHSMS - all High and Extreme risks must be reported in Riskman (Non-Individual form) and the relevant Tier 2 Health and Safety Committee (HSC)  
 \*\*Note: Corrective Actions shall be established by referring to the Hierarchy of Control, section 7.1.11 or WHSF.21 in the Health Directorate's Work, Health and Safety Management System (WHSMS). The Hierarchy of Control is, in descending order of effectiveness: Elimination, Substitution, Isolation, Engineering, Administration and Personal Protective Equipment.  
 \*\*\*Corrective Actions are a management responsibility  
 \*\*\*\*See WHSMS section 7.1 Risk Management

**STEP 3. ADD ALL OUTSTANDING ISSUES IDENTIFIED TO WORK AREA'S CORRECTIVE ACTION PLAN**

**STEP 4. SIGNATURES REQUIRED (when the Planned Inspection & this form have been completed)**

Supervisor/ Manager: Tash Lutz      Signature:       Date: 2/8/18      Tier 2 HSC meeting date:

HSR/ Worker: Goodwell Mhlanga      Signature:       Date: 23/07/2018

I acknowledge that I have completed a Planned Inspection of the relevant work area and either completed or assisted in completing this checklist accordingly.



# WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)		DATE: 30/07/18			
WORK GROUP:		INSPECTED BY (HSR/ Worker's name): Lavinia Mau-Pohiva			
INSPECTED BY (Manager's name): Tash Lutz		Issue Identified (add detail to Corrective Action Plan – page 5)			
Item No	Item	Yes	No	N/A	Issue Identified
<b>1. General Work Safety Issues</b>					
1.1	Are all Corrective Action(s) from last month's inspection complete?	X			
1.2	Are policies, flow charts & reporting forms accessible in work area? e.g. RTW, Riskman	X			
1.3	Is the work area induction/orientation program performed for all new workers? (this should include emergency awareness, dangerous substances & hazards specific to the work area)	X			
1.4	Have all relevant workers completed or programmed to attend mandatory WHS training (incl. Dangerous Substances, Manual Handling, SAIR etc)?	X			
1.5	Are Standard Operating Procedures (SOPS) Safety Rules developed & posted?	X			Ongoing
1.6	Do all workers know where the nearest emergency exit/emergency assembly point is located?	X			
1.7	Do all workers know who the HSR is for the work area/ department?	X			
1.8	Comments:				
<b>2. Housekeeping</b>					
2.1	Are all walkways, floors, stairs (incl. Fire Stairs), and exits clear of obstruction?	X			
2.2	Are all walkway lines clearly marked?			X	
2.3	Are all stock/ supplies safely stored and stacked?	X			
2.4	Are floor surfaces clear of rubbish, liquid, debris, trip hazards, etc?	X			
2.5	Are stairs, steps & treads safe?	X			
2.6	Are hazard/ safety signs visible/ legible?	X			
2.7	Is the workplace layout functional & safe?	X			
2.8	Is there good access & egress to the work areas?	X			
2.9	Is the work area free from any fumes, vapours or dust?	X			
2.10	Comments:				
<b>3. Lighting</b>					
3.1	Are lighting standards adequate in all areas, including external areas? (e.g. no glare on PC monitor)	X			
3.2	Are light fittings clear & in good working order?	X			
3.3	Comments:				
<b>4. Ventilation</b>					
4.1	Is there adequate ventilation?	X			
4.2	Is the ventilation draught-free?	X			
4.3	Comments:				
<b>5. Electrical Safety</b>					

# WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

**STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)**

**WORK GROUP:** \_\_\_\_\_ **DATE:** 30/07/18

<b>INSPECTED BY (Manager's name): Tash Lutz</b>		<b>INSPECTED BY (HSR/ Worker's name): Lavinia Mau-Pohiva</b>		
Item No	Item	Yes	No	Issue Identified (add detail to Corrective Action Plan – page 5)
5.1	Has electrical equipment been tagged & tested? Is it within the correct time frame? (minimum yearly)	X		
5.2	Are leads off the ground or in a conduit/covering or cable tray?	X		
5.3	Are there sufficient power outlets to operate electrical equipment in the area? (i.e. NO double adapters, no power boards plugged into power boards or extension leads into extensions leads)	X		
5.4	Are extension cords & fittings supported above work areas, wet areas & passages safely? (i.e. cords not knotted)	X		
5.5	Are all extension cords & fitters protected from mechanical damage & moisture?	X		
5.6	Are all leads/plugs/outlets in good condition? (no exposed wires/crimps/tears/rips in the outer cable, or bent prongs)	X		
5.7	Are all routed cords in good condition? No evidence of stretching/crimping/wear and tear? <b>inclusive of electronic equipment (Pumps, Beds, Plinths, Scissor lifts etc)</b>	X		
5.8	Are headsets in good working order?			
5.9	The Cardiac and/or Body Protected (RCD) area is tested and tagged? (6 monthly, if applicable)	X		X
5.10	Comments:			

<b>6. First Aid</b>				
Item No	Item	Yes	No	Issue Identified (add detail to Corrective Action Plan – page 5)
6.1	Is the first aid kit fully stocked & current?	X		
6.2	Are First Aider's names clearly identified? Do workers know who the First Aid Officer is for the work area?			X
6.3	Is there a method for recording injuries? (Riskman or ACT Govt. Accident Incident Report)	X		
6.4	Do all workers at the workplace know the first aid procedures to be followed in the event of serious injury or incident (determine from interview)?	X		
6.5	Comments:			

<b>7. Fire/Emergency/ Security</b>				
Item No	Item	Yes	No	Issue Identified (add detail to Corrective Action Plan – page 5)
7.1	Has all emergency equipment been serviced according to the required schedule (check yellow tag)? Fire Extinguishers, Hose Reels, Blankets and Hydrants (6 monthly), Fire Doors (12 Monthly), Smoke Doors (monthly).	X		
7.2	Has emergency equipment that is missing, or recently been used, been replaced? (Items may include: Extinguishers, Hose Reels, Fire/Smoke Doors, Blankets, Break Glass alarms, Manual Call Point, Exit Signs, Smoke & Thermal Detectors, Sprinklers, Fire Suppression, WIP Phones and EWIS/ FIP Panels.)	X		
7.3	Are all exits/fire doors clearly marked, clear of obstruction, easily opened?	X		
7.4	Check all Emergency Exit lighting (running person) is in working order and direction correct	X		
7.5	Are emergency evacuation diagrams/plans/procedures available and current?	X		



# WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)			
WORK GROUP:		DATE: 30/07/18	
INSPECTED BY (Manager's name): Tash Lutz		INSPECTED BY (HSR/ Worker's name): Lavinia Mau-Pohiva	
Item No	Item	Yes	No
7.6	Are fire stairs clear of obstruction and in working order? (e.g. lights/doors/handrails)	x	
7.7	Are duress alarms available/working/frequently tested?	x	
7.8	Are there procedures/ processes in place for issues of violence/aggression?	x	
7.9	Comments:		
8. Personal Protective Equipment (PPE)			
8.1	Is eye protection being used when required?	x	
8.2	Is face protection being used when required?	x	
8.3	Is appropriate PPE being used correctly?	x	
8.4	Is the danger/out of service tag system in place?	x	
8.5	Is PPE issued, stored, maintained, training given in its use?	x	
8.6	Comments:		
9. Plant/ Machinery/ Equipment			
9.1	Is equipment checked annually? Look for tag on equipment from Bio-Med, etc	x	
9.2	Are records of equipment maintenance including available?	x	
9.3	Are ladders/steps used safely and in good condition?	x	
9.4	On visible appearance, does all equipment appear to be in good condition?	x	
9.5	Comments:		
10. Work Practices			
10.1	Is there evidence that all equipment is being used correctly?	x	
10.2	From observation, are correct hazardous manual task procedures being used?	x	
10.3	If gas cylinders are being used, are they secured/stable?	x	
10.4	Comments:		
11. Hazardous Substances/ Dangerous Goods/ chemicals – referred to as <i>Dangerous Substances</i> below *NB Highly volatile/ Dangerous Substances are to be reviewed more frequently			
11.1	Is the Dangerous Substance Register current and easily accessible?	x	
11.2	Is the Dangerous Substance Manual current and easily accessible?	x	
11.3	Are all Safety Data Sheets (SDS, formerly MSDS) current and easily accessible?	x	
11.4	Are risk assessments and SOPs completed, current and easily accessible for the safe handling of all dangerous substances?	x	
11.5	Are all workers properly trained in the safe handling of Dangerous Substances? Is this training included in the Local Orientation program?	x	
11.6	Are Dangerous Substances including those stored in tanks/ drums labeled correctly? (incl. items that have been decanted or awaiting disposal)	x	



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WORK GROUP:					
INSPECTED BY (Manager's name): Tash Lutz					
INSPECTED BY (HSR/ Worker's name): Lavinia Mau-Pohiva					
Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
11.7	Are Dangerous Substances stored correctly? Is packaging intact? (incl. separation and segregation)	x			
11.8	Are stocks of Dangerous Substances checked to ensure they are not out of date?	x			
11.9	Are Dangerous Substances disposed of correctly?	x			
11.10	Are spill kits available for dangerous substances? Are workers trained in using a spill kit?	x			
11.11	Fire mitigation available? (appropriate types of extinguishers/ blankets for Dangerous Substances stored)	x			
11.12	Is waste disposed of in correct the containers/ bins? (e.g. Clinical waste only in bins provided)	x			
11.13	Are medication/ drugs securely maintained and accounted for?	x			
11.14	Comments:				
<b>12: Workstations</b>					
12.1	Are the workstations in the area set up ergonomically? (refer to section 7.7.14.1, 7.7.15 & WHSF.31 Workstation checklist or ergonomist/OT formal workstation assessment)	x			
12.2	Do chairs have the correct castors for the floor type (e.g. soft tyre for hard surfaces, hard plastic for carpeted surfaces)?	x			
12.3	Are desks/worktops/benches clutter-free?	x			
12.4	Is there sufficient legroom under desks/worktops/benches?	x			
12.5	Comments:				
<b>13: Plant Rooms (for Property Maintenance &amp; Management and Health Centre Managers Only)</b>					
13.1	Are the plant rooms clear of stored equipment, chemicals and rubbish?			x	
13.2	Has all emergency equipment been serviced according to the required schedule (6 mthly)?			x	
13.3	Are exit signs are visible?			x	
13.4	Is access/egress to the plant room clear and free of trip hazards?			x	
13.5	Are plant rooms kept locked? Are they appropriately signposted if the plant room is a confined space?			x	
13.6	Are walkways/stairways clutter free and in good condition? E.g. free of water or oil, good tread, etc.			x	
13.7	Comments:				
<b>14: Other Issues (specific to your work area)</b>					
14.1	Government Vehicle prestart checklist has been completed? (WHSF.37)			x	

## WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 2. COMPLETE PLAN FOR ALL IDENTIFIED ISSUES THAT CAN BE RESOLVED IMMEDIATELY (Sign-off when completed)					
WHS Issued Identified	Risk Rating*	Corrective Action**	Person Responsible***	Date complete****	Signature

\*Use the Risk Matrix located in Section 4, WHSF.20 in the WHSMS - all High and Extreme risks must be reported in Riskman (Non-Individual form) and the relevant Tier 2 Health and Safety Committee (HSC)  
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 \*\*\*Corrective Actions are a management responsibility  
 \*\*\*\*See WHSMS section 7.1 Risk Management

### STEP 3. ADD ALL OUTSTANDING ISSUES IDENTIFIED TO WORK AREA'S CORRECTIVE ACTION PLAN

### STEP 4. SIGNATURES REQUIRED (when the Planned Inspection & this form have been completed)

Supervisor/ Manager:  Date: 2/8/18 Tier 2 HSC meeting date:  
 HSR/ Worker: \_\_\_\_\_ Date: \_\_\_\_\_

*I acknowledge that I have completed a Planned Inspection of the relevant work area and either completed or assisted in completing this checklist accordingly.*



Agenda  
Work Health & Safety Committee  
Justice Health Services

Monday 20 August 2018  
3.30pm – 4.00pm

Via Teleconference –x27162

WELCOME

1. Attendance /Apologies
2. Minutes and Action Arising from Previous Meeting
  - 2.1 Action Minutes of Previous Meeting
  - 2.2 Outstanding action arising from previous meetings
3. Reports
  - 3.1 [REDACTED]
  - 3.2 [REDACTED]
  - 3.3 [REDACTED]
  - 3.4 Dhulwa Mental Health Unit
  - 3.5 Staff Accident/Incident Reporting
4. Report from Workplace Safety
5. Divisional Workplace Goals and Objectives
  - 5.1 Staff Wellbeing
  - 5.2 Working towards a Smoke Free Environment
6. Items to be included on the Program Risk Register
7. Items to be raised to the Divisional Work, Health & Safety Meeting
8. Other Business
  - 8.1 Annual WHS Safety Checks

**Next meeting:** JHS Work Health & Safety Committee will be held on 17 September 2018.