



Work Safety Tier 2 Meeting: MH, JH & ADS Workplace Safety Committee Meeting

To: Executive Director Mental Health, Justice Health and Alcohol & Drug Services

Submitted by
Monthly Report for

KEY INDICATORS		YES	NO
1.	Were any incident reports risk rated as HIGH/EXTREME or were there any CLUSTERS in the previous month?		No
2.	If YES are these risks being elevated to the Tier 2 Committee to be addressed at this meeting? <i>Please provide details and add to the Corrective Action Plan – See over</i>		
3.	Have there been any Notifiable Incidents reported to WorkSafe ACT? <i>If YES provide details and add to the Corrective Action Plan – See over</i>		No
4.	Has the Programs WHS section of the RISK REGISTER been reviewed to include (if required) any identified accidents/incidents/hazards or clusters? <i>If NO explain why this did not occur. Source for this information: SAIR Monthly Reports, provided by WorkPlace Safety</i>	Yes	
5.	Were all PLANNED INSPECTIONS conducted for the last month? <i>If NO explain why this did not occur.</i>	Yes	
6.	At STAFF MEETINGS were WHS issues discussed and minuted for the month? <i>If NO explain why has did not occur.</i>	Yes	
7.	At the Program WHS meeting were WHS issues discussed and minuted for the quarter? <i>If NO, explain why this did not occur.</i>	Yes	
8.	Was a QUOROM achieved in every Program WHS meeting? <i>If NO, explain why this did not occur.</i>	Yes	
9.	Are HSRs attending the Program WHS meetings identified (as HSRs) in the Minutes?	Yes	
10.	Has an ' Annual Safety Check ' been conducted? Use WHSF.41a and WHSF.41b	Yes	
11.	What was the date of the last Annual Safety Check / / <i>If OVERDUE explain why this did not occur.</i>		
12.	Has the annual review of the Tier 2 HSC WHS Goals and Management Plans occurred? Use WHSF.02 <i>If OVERDUE explain why this did not occur.</i>	Yes	No
13.	Division/Branch SharePoint listing of HSR's and First Aiders <ul style="list-style-type: none"> • Are all staff represented by a HSR and first Aider? • Is HSR and First Aid training current (e.g. initial training and annual refresher)? • Are HSR and First Aider details up to date on Sharepoint? 	Yes Yes Yes	
14.	Recommendations/Comments (e.g. for noting, for advice etc)		
15.	Staff Wellbeing		
Submitted by	Danielle Nagle Deborah Plant	Operational Director – JHS Operational Director - DMHU	4/10/18
Authorised by	d		

Due Date: 1 week prior to Tier 2 Monthly Meeting. N.B. Reports will not be accepted after this date.

Send to: Katrina.bracher@act.gov.au

MONTHLY WORK SAFETY REPORT

CORRECTIVE ACTION PLAN

IDENTIFIED INCIDENT/ ACCIDENT/ HAZARD/ CLUSTER/ WHS ISSUE/ DEFECT	DATE ISSUE IDENTIFIED	RISK RATING *	CORRECTIVE ACTIONS **	PERSON RESPONSIBLE	TIMEFRAME FOR COMPLETION ***	DATE ACTIONS STARTED	STATUS/COMMENTS
				Office manager			
				Office Manager			
				Office Manager			
				Bimberi Facilities Manager			
				Bimberi Facilities Manager			
				Bimberi Security Unit Manager			
				John WATTS Bimberi Facilities			



MONTHLY WORK SAFETY REPORT

*Risk Rating - See Risk Matrix (WHSF.20)

** Corrective Actions - See Hierarchy of Control (WHSF.21)

***Timeframe for Completion - See WHSMS Section 7.1.9 Priority Timeframe

Definitions

- Accident/Incident** - An actual occurrence in the workplace that caused injury to workers, damage to property, plant/equipment
- Hazard** - Potential cause of a workplace accident or incidents that could cause injury to workers, damage to property, plant/equipment
- Near Miss** - Incidents in the workplace resulting in "Near Miss" situations to workers, damage to property, plant/equipment.



Agenda
Meeting room 2, AMHU
Tuesday 9 January 2018 2017
10.30 to 11.30 am

WELCOME

- 1. Attendance /apologies**

- 2. Minutes and Actions Arising from Previous Meeting**
 - 2.1 Action Minutes of Meeting from previous meeting
 - 2.2 Running Sheet of Outstanding Actions Arising from previous meetings

- 3. Unit Reports**
 - 3.1 Adult Mental Health Unit
 - 3.2 [REDACTED]
 - 3.3 [REDACTED]
 - 3.4 [REDACTED]

- 4. Report from Workplace Safety (Denise Meyboom)**
 - 4.1 SAIR Reports

- 5. Divisional Workplace Goals and Objectives**

- 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: **TBA February 2018**



**Mental Health, Justice Health and
Alcohol & Drug Services**

Adult Acute Mental Health Services Work Health & Safety Committee

9 January 2018

2.1

Subject: Minutes

Source: Laura Alchin

Purpose/comments: For Information

Mental Health, Justice Health and Alcohol & Drug Services
Adult Mental Health Services
Work Health & Safety Committee
 9 January 2018
 MINUTES

Attendance and Apologies

Name	Position/Unit	Attended	Apol/did not attend
Helen Braun	A/g Director AAMHS	Y	
Leanne Done	ADON, AMHU		Apology
Denise Meyboom	Safe Practice Manager MHJHADS		Apology
Philip Hoyle	ADON, MHSSU/CL	Y	
David Trompf	HSR Officer CL	Y	
Jeevan Rana	HSR Officer AMHU	Y	
Tessa Sealey	HSR Officer MHSSU & AMHU		Apology
Roz Fitzgerald	Allied Health Manager	Y	
Shane Carter	HSR Officer AMHU	Y	
Vanessa Hobbins	HSR Officer MHSSU		Apology

Minutes: Laura Alchin

2. Minutes and Actions arising from previous meetings

- 2.1 Minutes were accepted by David Trompf
- 2.2 Actions Arising – reviewed and updated

3. Team Reports

NOTE Reports are to be emailed to Helen Braun (CC Denise Meyboom & Laura Alchin) in the first week of each month.

3.1 Adult Mental Health Unit. Report provided.

- Lighting in the walkway between the AMHU and level 4 in the car park is still not functioning – The original work order had been closed. Several female staff have requested to be accompanied to their cars at night as the walkway is dark. Jeevan will put in another work order
- Cracks appearing in the ceilings inside the AMHU. A request to have these investigated and repaired has been put it. Phil will follow up with Tessa on her return to see where this is up to.
- Shane mentioned that proper office chairs are not available for all the workstations and staff are using ordinary chairs. Helen said that she had already asked Tessa to purchase more office chairs. Shane will remind Tessa to place the order on her return from leave.

- The Mock Accreditation that was recently done in AMHU found that the staff and clinical areas were untidy and not clean. A 12 week cleaning plan is being organised by Leanne. Staff have been asked to keep all their work areas tidy.
- Personal items will need to be put in lockers.
- The lockers will be re-keyed as some of the keys have been lost. Lockers will then be reallocated to staff. Roz and Tessa will work on this.
- A suggestion was made that a deposit could be paid for a locker key to cover the cost if a replacement key is required down the track.

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4. Report from Workplace Safety

SAIR - Report not available this month, to be reviewed at next month's meeting. The meeting will be extended by 30 minutes to allow for this.

5. Divisional Workplace Goals and Objective

- It was discussed and agreed at the Teir 2 WHS meeting that **caring for our staff** requires more than 'Supervision' and EAP.
Helen will discuss this with Kevin Kidd on his return from leave.
- Cathy Furner has provided Vicarious Trauma training for our Admin staff recently.
- Phil asked if the Clinical Supervision policy was due for review.
Helen will find out.
- Phil also suggested that MH staff needed a more specific policy tailored to their needs.

6. Items to be Included on the Program Risk Register

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- Ligature Risk review – it was suggested to remove the ensuite doors, which would be one less area of ligature risk.
Helen will follow up.

7. Items to be raised to the Divisional Work, Health & Safety meeting

- Ligature Risks - Kevin Kidd and Mike Carrol have drafted a Ligature Risk Policy
- It was suggested that the ED should be reviewed for ligature risks – could MH CL review the area?
Helen will raise this issue.

8. Other Business

8.1 Abuse

- Roz Fitzgerald raised the issue that there has been a lot of verbal and racial abuse in the AMHU from patients to staff, patients to patients and family and visitors to staff recently.

Staff will be encouraged to let the managers know of any incident no matter how minor. An email and a Riskman is to be done. If threatened, police can be called.

- 'Respect' posters were developed a few years back through the Reducing Aggression and Violence Committee meeting. Laura will find these and forward to Helen.

8.2 Charter of Rights

- A copy of this brochure is given to all patients in their welcome to AMHU pack. The brochure is also available for family and visitors in the reception area.
Jeevan Rana will give a pack to Phil Hoyle.

8.3 Consent Tab in Patient notes

- This is not only for consent for procedures but can also give consent for us to speak to a family member/carer etc about the patient.

Next Meeting Tuesday, 13 February 2018



CANBERRA HOSPITAL
AND HEALTH SERVICES



Mental Health, Justice Health and Alcohol & Drug Services

ACTIONS ARISING

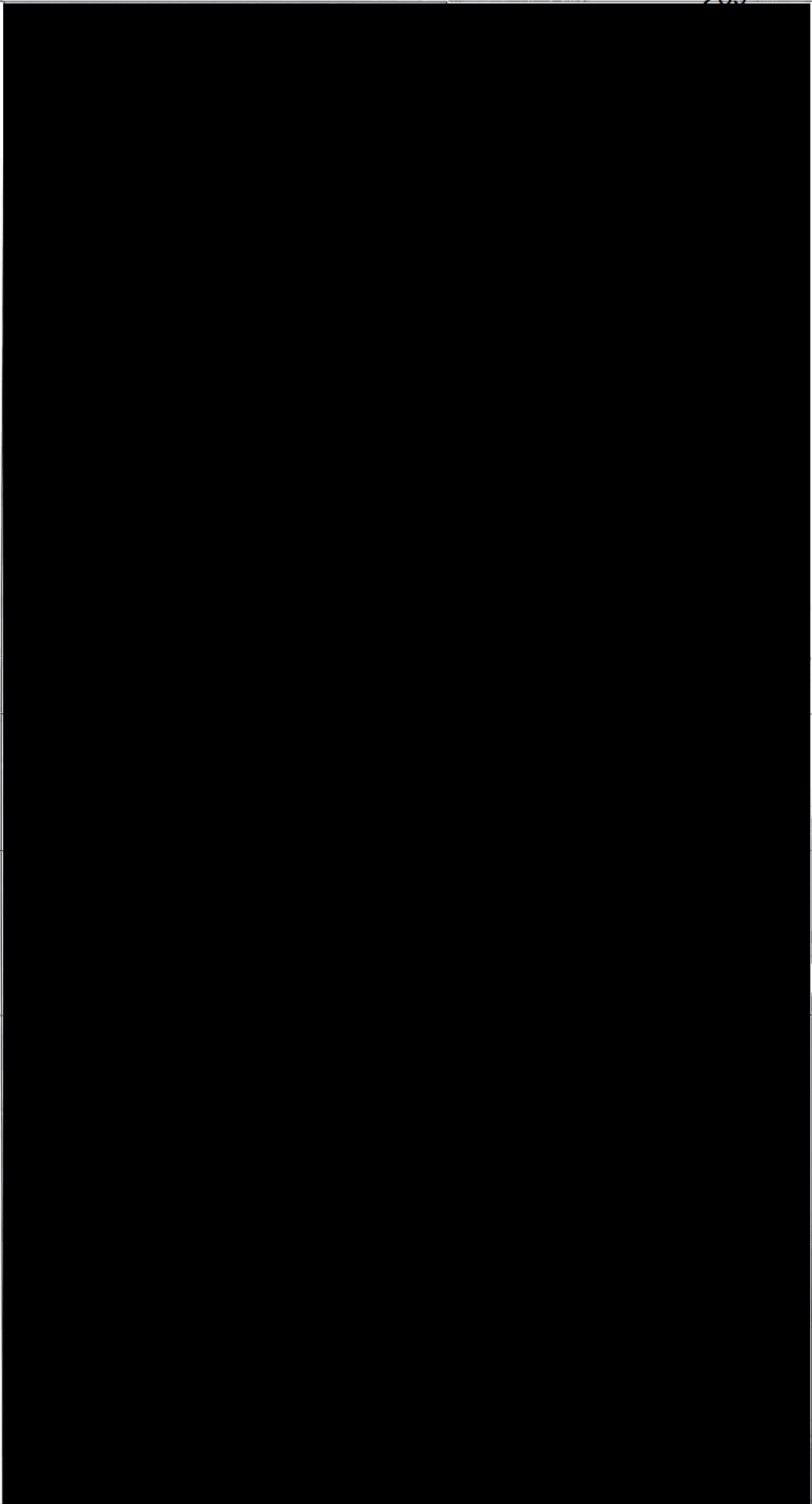
Acute Adult Mental Health Services

Work Health & Safety Committee

9 January 2018

ACTION ITEM	PERSON(S) RESPONSIBLE	FROM MEETING	REMARKS/ACTIONS
Mental Health Transfer Van	HB	6/9/2017	<p>6.9.2017 Email received from ACT Fleet regarding the replacement of YHX76E due to the lease ending- suggested replacement options are not suitable. Lease has been extended for a further 6 months whilst a suitable vehicle found.</p> <p>10/10/2017 Helen has been in contact with Chris Moonie from Security. AMHU would like the same type of van that is provided to DHALWA. Helen will follow up where this is up to.</p> <p>19/12/2017 Tessa sent an email to Michael Warylo to see where this is up to on the 27 November and again on the 20 December. Reply was received on 21-12-17 – from Ally Jordan – “ The lease on the Mercedes Vito van is due for replacement on the 20/03/18. To be able to replace this vehicle I would recommend arranging a meeting with all your stakeholders to determine what your needs may be. Once this has been determined Fleet can arrange quotes on your chosen vehicle.”</p> <p>9/1/2018 A meeting will be organised by Laura with Fleet, security, Phil Hoyle, Helen Braun and a HSR rep to discuss. Carry over</p>
AMHU Rostering office/ CDN office fixed benches	LD/ TS	1/8/2017	<p>1.8.2017 Noel Priest is a physiotherapist working for WPS will conduct an assessment of the Rostering office/ CDN office and provide us with a report of recommendations – workstation assessment booked for 9/8/2017. Noel Priest is a physiotherapist working for WPS he conducted a workplace assessment of the rostering/ CDN workstations – Noel has provided a report with recommendations. 12/9/2017- update next meeting 10/10/2017 Leanne and Tessa will follow up. 14/11/2017 Leanne to follow up</p>

			<p>19/12/2017 Leanne will be meeting with Kelly and Patrice to discuss storage options. Work Order request will be done for work stations next year.</p> <p>9/1/2018 Tessa is currently on leave and will return next week. Jeevan and Tessa are to progress with the Work order request.</p> <p>Carry Over</p>
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<p>Divisional Workplace Goals and Objectives</p> <p>1) PART and Broset training updates at next month's meeting</p>	<p>LD/PH</p>	<p>10/10/2017</p>	<p>Leanne and Phil to give an update at next month's meeting 14/11/2017 Still a work in progress. 19/12/2017 Ongoing discussions 9/1/2018 Phil will follow up out of session. Carry over</p>
<p>AMHU _ Cracks in Ceiling in AMHU</p>	<p>TS</p>		<p>Tessa to organise to have these investigated and repaired. 19/12/2017 A request had been made to have these cracks investigated. 9/1/2018 Phil to follow up with Tessa on her return from Leave. Carry over</p>
<p>AMHU to Carpark walkway – Lighting not always operating correctly.</p>	<p>TS</p>	<p>19/12/2017</p>	<p>A work order previously lodged was closed. A further investigation is required as the problem has not been resolved. Tessa will follow up. 9/1/2018 Jeevan will put in a new work order. Carry Over</p>
<p>Chairs for workstations in AMHU</p>	<p>SC & TS</p>	<p>9/1/2018</p>	<p>Not all workstations have proper office chairs. Shane will remind Tessa to put in an order for more office chairs.</p>
<p>AMHU Lockers</p>	<p>RF & TS</p>	<p>9/1/2018</p>	<p>Staff lockers are to be re-keyed and reallocated to staff</p>

Caring for our staff (under Divisional Workplace Goals and Objectives	HB	9/1/2018	Staff may need more than 'Supervision' and EPA. Helen will discuss with Kevin Kidd on his return from leave.
Clinical Supervision for Staff Policy – is it due for review?	HB	9/1/2018	Helen will find out. 10/1/2018 Clinical Supervision for Allied Health staff in MHJHADS is due for review in 2021. Canberra Hospital and Health Services Policy – Clinical Supervision is due for review in 2020.
Ligature risk – Remove ensuite doors	HB	9/1/2018	Helen to follow up.
Ligature Risk review in ED -	HB	9/1/2018	Helen will raise this issue with ED. MH CL team may be able to assist do this review.
Reducing Aggression and Violence Respect Posters	LA	9/1/2018	Laura to find these and forward to Helen.
Charter of Rights – Welcome to AMHU pack	JR	9/1/2018	Jeevan to give one of these packs to Phil

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: Adult Mental Health Unit (AMHU)

INSPECTED BY (Manager's name): Leanne Done

DATE: 31/01/2018

INSPECTED BY (HSR/Worker's Name): Jeevan Rana/ Tessa Sealey

Issue Identified (add detail to Corrective Action Plan – page 5)

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	✓			
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?	✓			
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:				
2. Housekeeping					
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?	✓			Work Benches not height adjustable
2.10	Comments:				
3. Lighting					
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:				
4. Ventilation					
4.1	Is there adequate ventilation?	✓			
4.2	Is the ventilation draught-free?	✓			
4.3	Comments:				

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Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
5. Electrical Safety					
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?	✓			
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? inclusive of electronic equipment (Pumps, Beds, Plinths, Scissor lifts etc)	✓			
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)	✓			2 in reception
5.10	Comments:				
6. First Aid					
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?	✓			
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:				
7. Fire/Emergency/ Security					
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	✓			

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DATE: 31/01/2018

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Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
7.5	Are emergency evacuation diagrams/plans/procedures available and current?	✓			
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?			✓	Not 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?		✓		
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?	✓			

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Issue Identified (add detail to Corrective Action Plan – page 5)

Item No	Item	Yes	No	N/A	Issue Identified
11.6	Are Dangerous Substances including those stored in tanks/ drums labeled correctly? (incl. items that have been decanted or awaiting disposal)	✓			
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 Substance/s 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:				
12. Workstations					
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)	✓			Work benches are narrow, low and non-height adjustable
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?				Benches are right against the wall, with minimal leg room.
12.5	Comments: A risk assessment has been conducted by Workplace safety and recommendations have been made.				
13. Plant Rooms (for Property Maintenance & Management and Health Centre Managers Only)					
13.1	Are the plant rooms clear of stored equipment, chemicals and rubbish?	✓			
13.2	Has all emergency equipment been serviced according to the required schedule (6 mthly)?	✓			
13.3	Are exit signs are visible?	✓			
13.4	Is access/egress to the plant room clear and free of trip hazards?	✓			
13.5	Are plant rooms kept locked? Are they appropriately signposted if the plant room is a confined space?	✓			
13.6	Are walkways/stairways clutter free and in good condition? E.g. free of water or oil, good tread, etc.	✓			
13.7	Comments:				
14. Other issues (specific to your work area)					
14.1	Government Vehicle prestart checklist has been completed? (WHSF.37)	✓			Both vehicles checked, with nil issues to report.

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
Treatment room- security pass card reader	High	<p>A maintenance request has been submitted for a security pass card reader to be installed and placed next to the door exiting from inside the treatment room into the LDU patient area. Currently HDU patients are able to abscond into LDU when in the treatment room. Job number 518335 1.8.2017- update from Fredon- work is still to be completed – they are short staffed at the moment. 8.11.2017- phone call to Fredon-this is still to be completed- Fredon will have a date scheduled this week. 30.11.2017- update from Fredon job is booked to be completed by 8/12/2017 Job Completed December 2017. – Close.</p>			
Rostering office/ CDN office fixed benches		<p>1.8.2017 Noel Priest is a physiotherapist working for WPS will conduct an assessment of the Rostering office/ CDN office and provide us with a report of recommendations – workstation assessment booked for 9/8/2017 9/8/2017- Noel Priest is a physiotherapist working for WPS he conducted a workplace assessment of the rostering/ CDN workstations – Noel has provided report with recommendations.</p>			
Lights in walkway to level 4 carpark		<p>Lighting in the walkway between Building 25 and level 4 carpark are continually being reported as not working at night- Email received 9.1.2017 from Brendan Spence A/g Electrical + HVAC Supervisor- email states: "The issue with the lights is ongoing, the work order lodged has been closed off but a further order has been sent to one of our contractors to investigate. I have chased up with the other contractor in relation to the Aerial and I will let you know what they say when I hear back from them."</p>			

WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

		29/11/2017- notified the investigations into the issue with the lights is still ongoing. (03/01/2018) The lights are working 05.02.2018.- close?			
Kitten doors- review		30/11/2017- Fredon have been asked to conduct a review on all kitten doors in the unit as over 80% of them are not sturdy and have locking issues. Job Number: 197875 6/2/2018- Fredon will begin the process of reviewing all kitten doors this week.			
Inspection of all cracks in walls and ceiling B25		23/11/2017- a maintenance request has been submitted to have all cracks in patient rooms, corridors and social spine and corridors inspected for view to repair and ensure structural integrity 6.2.2018- P/c to maintenance requesting update on when this is expected to take place.			
Quote for 2 external Awnings ADON office and Clinical Directors office		24/11/2017- a request for a quote for 2 external window awnings for the ADON office and Clinical Directors Offices on Level 2 has been requested. The two offices get very hot in summer and occupants find it very uncomfortable to work in these offices. Job number: 530198 18.12.2017- Quote received and accepted emailed to Maintenance 16.1.2018- email to maintenance requesting ETA on installation of awnings – No reply 6.2.2018- email to maintenance requesting ETA on installation of awnings			

**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

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:

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.

Work Safety Tier 2 Meeting: MH, JH & ADS Workplace Safety Committee Meeting

To: Executive Director Mental Health, Justice Health and Alcohol & Drug Services

Submitted by Helen Braun - Adult Acute Mental Health Services

Monthly Report for March 2018

KEY INDICATORS		YES	NO
1.	Were any incident reports risk rated as HIGH/EXTREME or were there any CLUSTERS in the previous month?		No
2.	If YES are these risks being elevated to the Tier 2 Committee to be addressed at this meeting? <i>Please provide details and add to the Corrective Action Plan – See over</i>		
3.	Have there been any Notifiable Incidents reported to WorkSafe ACT? <i>If YES provide details and add to the Corrective Action Plan – See over</i>		No
4.	Has the Programs WHS section of the RISK REGISTER been reviewed to include (if required) any identified accidents/incidents/hazards or clusters? <i>If NO explain why this did not occur. Source for this information:</i>	Yes	No
5.	Were all PLANNED INSPECTIONS conducted for the last month? <i>If NO explain why this did not occur.</i>	Yes	
6.	At STAFF MEETINGS were WHS issues discussed and minuted for the month? <i>If NO explain why has did not occur.</i>	Yes	
7.	At the Program WHS meeting were WHS issues discussed and minuted for the quarter? AAMHS Workplace Safety Meeting was held 08 August 2017 <i>If NO, explain why this did not occur.</i>	Yes	No
8.	Was a QUORUM achieved in every Program WHS meeting? <i>If NO, explain why this did not occur. A quorum was not achieve at the meeting however the meeting still went ahead</i>	Yes	
9.	Are HSRs attending the Program WHS meetings identified (as HSRs) in the Minutes?	Yes	No
10.	Has an ' Annual Safety Check ' been conducted? Use WHSF.41a and WHSF.41b		
11.	What was the date of the last Annual Safety Check August 2017 <i>If OVERDUE explain why this did not occur.</i>	Yes	No
12.	Has the annual review of the Tier 2 HSC WHS Goals and Management Plans occurred? Use WHSF.02 <i>If OVERDUE explain why this did not occur.</i>	Yes	No
13.	Division/Branch SharePoint listing of HSR's and First Aiders <ul style="list-style-type: none"> Are all staff represented by a HSR and first Aider? Is HSR and First Aid training current (e.g. initial training and annual refresher)? Are HSR and First Aider details up to date on Sharepoint? 	Yes	No No
14. Recommendations/Comments <i>(e.g. for noting, for advice etc)</i>			
Submitted by	Helen Braun	AAMHS Operational Director	12 april 2018
Authorised by		Signed by the Executive Director	Date

Due Date: 1 week prior to Tier 2 Monthly Meeting. N.B. Reports will not be accepted after this date.

Send to: Katrina.bracher@act.gov.au

MONTHLY WORK SAFETY REPORT

CORRECTIVE ACTION PLAN

IDENTIFIED INCIDENT/ ACCIDENT/ HAZARD/ CLUSTER/ WHS ISSUE/ DEFECT	DATE ISSUE IDENTIFIED	RISK RATING *	CORRECTIVE ACTIONS **	PERSON RESPONSIBLE	TIMEFRAME FOR COMPLETION ***	DATE ACTIONS STARTED	STATUS/COMMENTS
Anti-ligature review for MH in-patient units & Jacobs Report reviewing ligature points throughout AMHU and climbing points in the courtyards		H	Ligature report has been reviewed and comments provided. Jacobs report has been reviewed and comments provided, in context of ligature review.	Executive Director			L,M,H risks have been identified and MHJHADS recommendation to proceed as priority for remedial action. Amendment to Jacobs report has been provided following concerns for increased ligature points and aesthetic concerns. Sep 2017 – Courtyard remediation works completed. Minister for Mental Health inspecting on 11 Oct 17. Oct 2017 – Awaiting update on the remediation work regarding ligature risk. Nov 2017 – ongoing Jan 2018 – bathroom doors to be removed – schedule to be developed and privacy option to be scoped. February 2018 – ongoing. March 2018 Still in progress, currently determining a safe and aesthetically pleasing solution.

MONTHLY WORK SAFETY REPORT

<p>AAMHS transport van identified as requiring replacement to match one used at DMHU</p>	<p>Aug 17</p>	<p>L</p>	<p>Liaison between Fleet and Security Services</p>	<p>Helen Braun</p>	<p>Feb 18</p>	<p>August 2017 – Interim measure to extend lease of current vehicle. Oct 2017 – to liaise with Fleet Nov 2017 – Carry over being progressed with Fleet and ACT Security Services Jan 2018 – ordered February 2018 Helen provided photos of DHULWA Van for specifications, to check order status. March 2018 Helen confirmed order, waiting status update on progress. Jan 2018 – issue identified as a trip hazard and also the concrete is crumbling in places. February 2018 – Update requested. March 2018 Currently waiting on contractors reply.</p>
<p>Astro turf lifting in HDU courtyard</p>	<p>Jan 2018</p>	<p>L</p>	<p>Office Manager/HSR followed up with maintenance</p>	<p>Leanne Done / Office Manager</p>	<p>Unknown</p>	<p>August 2017 – Interim measure to extend lease of current vehicle. Oct 2017 – to liaise with Fleet Nov 2017 – Carry over being progressed with Fleet and ACT Security Services Jan 2018 – ordered February 2018 Helen provided photos of DHULWA Van for specifications, to check order status. March 2018 Helen confirmed order, waiting status update on progress. Jan 2018 – issue identified as a trip hazard and also the concrete is crumbling in places. February 2018 – Update requested. March 2018 Currently waiting on contractors reply.</p>

*Risk Rating - See Risk Matrix (WHSF.20)

**Corrective Actions - See Hierarchy of Control (WHSF.21)

***Timeframe for Completion - See WHSMS Section 7.1.9 Priority Timeframe

Definitions

- Accident/Incident** - An actual occurrence in the workplace that caused injury to workers, damage to property, plant/equipment
- Hazard** – Potential cause of a workplace accident or incidents that could cause injury to workers, damage to property, plant/equipment
- Near Miss** - Incidents in the workplace resulting in "Near Miss" situations to workers, damage to property, plant/equipment.



**Agenda
Meeting room 2, AMHU
Tuesday 13 February 2018 2017
10.00 to 11.30 am**

WELCOME

- 1. Attendance /apologies**

- 2. Minutes and Actions Arising from Previous Meeting**
 - 2.1 Action Minutes of Meeting from previous meeting
 - 2.2 Running Sheet of Outstanding Actions Arising from previous meetings

- 3. Unit Reports**
 - 3.1 Adult Mental Health Unit
 - 3.2 [REDACTED]
 - 3.3 [REDACTED]
 - 3.4 [REDACTED]

- 4. Report from Workplace Safety (Denise Meyboom)**
 - 4.1 SAIR Reports

- 5. Divisional Workplace Goals and Objectives**

- 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 Workstation Self Assessment Checklist

Next meeting: 13 March 2018



**Mental Health, Justice Health and
Alcohol & Drug Services**

**Adult Acute Mental Health Services
Work Health & Safety Committee**

13 February 2018

2.1

Subject: Minutes

Source: Laura Alchin

Purpose/comments: For Information

Mental Health, Justice Health and Alcohol & Drug Services
Adult Mental Health Services
Work Health & Safety Committee
13 February 2018
MINUTES

Attendance and Apologies

Name	Position/Unit	Attended	Apology
Helen Braun	A/g Director AAMHS	Y	
Leanne Done	ADON, AMHU	Y	
Denise Meyboom	Safe Practice Manager MHJHADS	Y	
Philip Hoyle	ADON, MHSSU/CL	Y	
David Trompf	HSR Officer CL	Y	
Jeevan Rana	HSR Officer AMHU	Y	
Tessa Sealey	HSR Officer MHSSU & AMHU	Y	
Roz Fitzgerald	Allied Health Manager	Y	
Shane Carter	HSR Officer AMHU		Apology
Vanessa Hobbins	HSR Officer MHSSU		Apology

Minutes: Laura Alchin

2. Minutes and Actions arising from previous meetings

2.1 Minutes were accepted by Roz Fitzgerald

2.2 Actions Arising – reviewed and updated

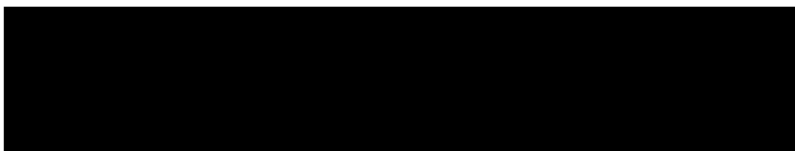
3. Team Reports

NOTE Reports are to be emailed to Helen Braun (CC Denise Meyboom & Laura Alchin) in the first week of each month.

3.1 **Adult Mental Health Unit.** Report provided.

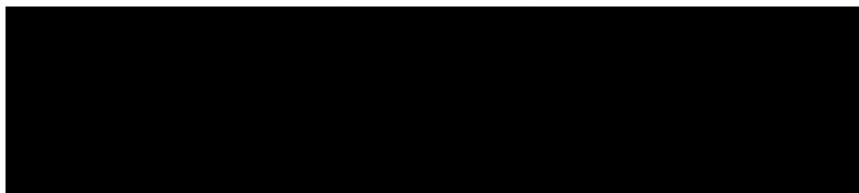
- Cracks appearing in the ceilings inside the AMHU. A request to have these investigated and repaired has been put in. Maintenance staff have been and conducted a walk around to inspect the cracks. Nothing further has been done. Tessa has requested an update on when these will be repaired.
- Kitten doors – a work order has been put in to have these inspected as some (80%) have locking issues and they are not sturdy. Fredon will commence the inspection this week.
- Quote for 2 external awnings have been approved. Request to maintenance on ETA has been sent several times. Still waiting for reply.
-

3.2



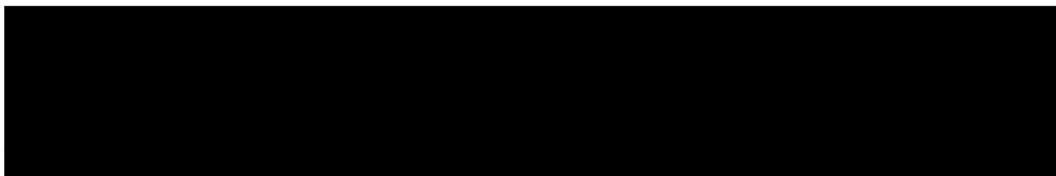
3.3

-
-




3.4

-



4. Report from Workplace Safety

Summary of report

- There were 11 insignificant, 4 moderate, 22 minor and 1 major incidents for the months of December and January. A total of 38.
- 30 were I AMHU, 
- Some examples of incidents were
 - Brick found in HDU courtyard,
 - family member threw bottle at staff member,
 - Assault by consumer on staff members.

5. Divisional Workplace Goals and Objective

6. Items to be Included on the Program Risk Register

- Windows at AMHU – (Recently, a consumer from HDU absconded by forcing his way through a bedroom window)

7. Items to be raised to the Divisional Work, Health & Safety meeting

8. Other Business

8.1 Workstation Self-Assessment Checklist. Phil Hoyle

- Phil provided this information to members. Staff can do their own work station self-assessment using the 'Work station self-assessment checklist'.
- This will be put up on the WHS notice boards and staff will be made aware of it. Tessa will email a copy to all staff members for their information and use.
- It will be included in the orientation package.

8.2 AMHU Cleaners.

- There has recently been a change in the cleaning staff in the AMHU. It was found that the cleanliness level of the unit was becoming unacceptable.
- Leanne and Tessa did a walk around with the cleaning manager.
- Extra staff have been put on and a thorough cleaning of the unit is underway.
- Helen suggested that the cleaning audit should be reinstated.
- The environmental checklist should include cleaning.

8.3 Footwear

- Many clients are not wearing footwear in AMHU. This issue will be brought up at the next Consumer and Carer Quality Feedback Committee meeting.

8.4 Latex allergy

- Phil asked if he, as manager, should be aware of staff with latex allergy. Staff can let the manager know of this allergy.
Phil will contact Occupational Medical Unit (OMU) and ask if this is included in a staff member's profile.

Next Meeting Tuesday, 14 March 2018



ACT
Government
Health



CANBERRA HOSPITAL
AND HEALTH SERVICES

Mental Health, Justice Health and Alcohol & Drug Services

ACTIONS ARISING

Acute Adult Mental Health Services

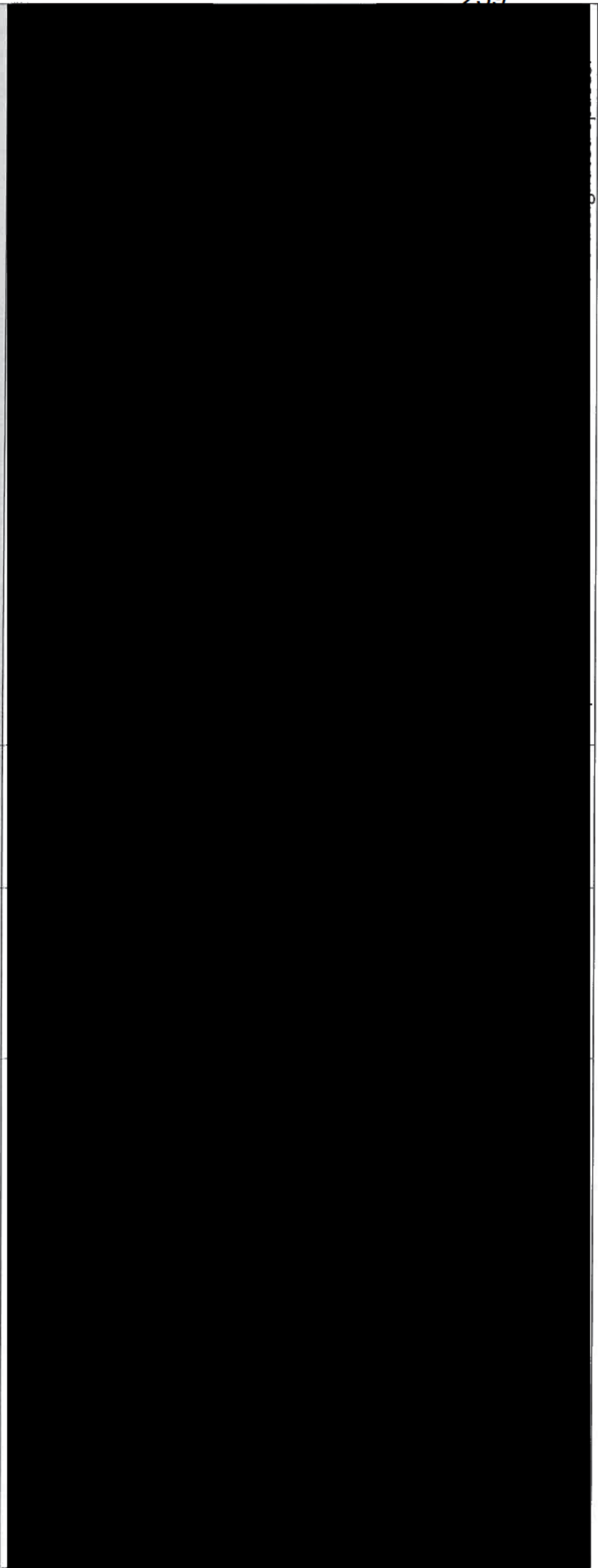
Work Health & Safety Committee

13 February 2018

ACTION ITEM	PERSON(S) RESPONSIBLE	FROM MEETING	REMARKS/ACTIONS
Mental Health Transfer Van	HB	6/9/2017	<p>6.9.2017 Email received from ACT Fleet regarding the replacement of YHX76E due to the lease ending- suggested replacement options are not suitable. Lease has been extended for a further 6 months whilst a suitable vehicle found.</p> <p>10/10/2017 Helen has been in contact with Chris Moonie from Security. AMHU would like the same type of van that is provided to DHALWA. Helen will follow up where this is up to.</p> <p>19/12/2017 Tessa sent an email to Michael Warylo to see where this is up to on the 27 November and again on the 20 December. Reply was received on 21-12-17 – from Ally Jordan – “ The lease on the Mercedes Vito van is due for replacement on the 20/03/18. To be able to replace this vehicle I would recommend arranging a meeting with all your stakeholders to determine what your needs may be. Once this has been determined Fleet can arrange quotes on your chosen vehicle.”</p> <p>9/1/2018 A meeting will be organised by Laura with Fleet, security, Phil Hoyle, Helen Braun and a HSR rep to discuss.</p> <p>13/2/2018 Helen contacted Mike Warylo. No meeting was required, he said an email with the van requirements would be sufficient. Photos of the DHULWA van were sent with the written request. Tinted Windows, radios and the sign from the old van is to be put on the back of the new van. To check to see if it has been ordered. Carry over</p> <p>Afternoon of 13/2/2018 Email sent to Michael Warylo to see if Van has been ordered.</p>
AMHU Rostering office/ CDN office fixed benches	LD/ TS	1/8/2017	<p>1.8.2017 Noel Priest is a physiotherapist working for WPS will conduct an assessment of the Rostering office/ CDN office and provide us with a</p>

			<p>report of recommendations – workstation assessment booked for 9/8/2017. Noel Priest is a physiotherapist working for WPS he conducted a workplace assessment of the rostering/ CDN workstations – Noel has provided a report with recommendations.</p> <p>12/9/2017- update next meeting</p> <p>10/10/2017 Leanne and Tessa will follow up.</p> <p>14/11/2017 Leanne to follow up</p> <p>19/12/2017 Leanne will be meeting with Kelly and Patrice to discuss storage options. Work Order request will be done for work stations next year.</p> <p>9/1/2018 Tessa is currently on leave and will return next week. Jeevan and Tessa are to progress with the Work order request.</p> <p>13/2/2018 Tessa will do a Minute or email to progress this.</p> <p>Carry Over</p>
<p>Divisional Workplace Goals and Objectives</p> <p>1) PART and Broset training updates at next month's meeting</p>	<p>LD/PH</p>	<p>10/10/2017</p>	<p>Leanne and Phil to give an update at next month's meeting</p> <p>14/11/2017 Still a work in progress.</p> <p>19/12/2017 Ongoing discussions</p> <p>9/1/2018 Phil will follow up out of session.</p>

			<p>13/2/2018 This is captured through the Clinical Governance meeting. Broset has not yet commenced. Helen will speak to Patrice Murray about PART training. Carry over</p>
<p>AMHU _ Cracks in Ceiling in AMHU</p>	<p>TS</p>		<p>Tessa to organise to have these investigated and repaired. 19/12/2017 A request had been made to have these cracks investigated. 9/1/2018 Phil to follow up with Tessa on her return from Leave. 13/2/2018 A walk through was done by maintenance staff with Tessa. Nothing further has been done at this stage. Tessa to follow up Carry over</p>
<p>AMHU to Carpark walkway – Lighting not always operating correctly.</p>	<p>TS</p>	<p>19/12/2017</p>	<p>A work order previously lodged was closed. A further investigation is required as the problem has not been resolved. Tessa will follow up. 9/1/2018 Jeevan will put in a new work order. 13/2/2018 Lighting now working Close</p>



				<p>This is not available in the ED. There are many hot desks available for everyone's use. Keep open in the actions for now.</p>
Chairs for workstations in AMHU	SC & TS	9/1/2018		<p>Not all workstations have proper office chairs. Shane will remind Tessa to put in an order for more office chairs. 13/2/2018 Chairs were ordered and Tessa thinks they did arrive. She will follow up to see where in AMHU they are. Carry Over</p>
AMHU Lockers	RF & TS	9/1/2018		<p>Staff lockers are to be re-keyed and reallocated to staff 13/2/2018 Tessa to find out the cost for having numbered locking pads on the lockers and the cost of replacement keys for the lockers to compare the cost. It may be more cost effective to have the numbered pads in the long term as keys get lost and need replacing quite often. Carry Over</p>
Caring for our staff (under Divisional Workplace Goals and Objectives)	HB	9/1/2018		<p>Staff may need more than 'Supervision' and EPA. Helen will discuss with Kevin Kidd on his return from leave. 13/2/2018 It would be beneficial for staff to know the processes for a coronial enquiry (ther is one coming up that is causing distress for some staff) Helen will speak to Michelle Hemming.</p>
Clinical Supervision for Staff Policy – is it due for review?	HB	9/1/2018		<p>Helen will find out. 10/1/2018 Clinical Supervision for Allied Health staff in MHJHADS is due for review in 2021. Canberra Hospital and Health Services Policy – Clinical Supervision is due for review in 2020. 13/2/2018 Helen got the list of clinical supervisors and forwarded it to Kelly Chase. Close</p>
Ligature risk – Remove ensuite doors	HB	9/1/2018		<p>Helen to follow up. 13/2/2018 only 50% of the rooms will be able to have the ensuite doors removed and ther person's privacy can be retained. In the other rooms, the bathrooms are able to be seen from the bedroom door viewing window. Solutions for these remaining doors are still being sought.</p>

				Various suggestion have been put forward, one being soft foam saloon doors. Cut down doors will not be an option. Ongoing
Ligature Risk review in ED -	HB	9/1/2018		Helen will raise this issue with ED. MH CL team may be able to assist do this review. 13/2/2018 ?
Reducing Aggression and Violence Respect Posters	LA	9/1/2018		Laura to find these and forward to Helen. 13/2/2018 These were forwarded to Helen. Helen shared them with other senior staff. They decided that these were no longer appropriate. Close
Charter of Rights – Welcome to AMHU pack	JR	9/1/2018		Jeevan to give one of these packs to Phil Complete
Workstation Self-Assessment Checklist	TS	13/2/2018		The Workstation self-assessment checklist will be put up on the WHS notice boards. A copy will be emailed to all staff. The document will be included in the orientation package.

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: Adult Mental Health Unit (AMHU)

INSPECTED BY (Manager's name): Leanne Done

DATE: 5/3/2018

INSPECTED BY (HSR/Worker's Name): Jeevan Rana/ Tessa Sealey

Issue Identified (add detail to Corrective Action Plan – page 5)

Item No	Item	Yes	No	N/A	Issue Identified
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	✓			
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?	✓			
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:				
2. Housekeeping					
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?	✓			Work Benches not height adjustable
2.9	Is the work area free from any fumes, vapours or dust?	✓			
2.10	Comments:				
3. Lighting					
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:				
4. Ventilation					
4.1	Is there adequate ventilation?	✓			
4.2	Is the ventilation draught-free?	✓			
4.3	Comments:				

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: Adult Mental Health Unit (AMHU)

DATE: 5/3/2018

INSPECTED BY (Manager's name): Leanne Done

INSPECTED BY (HSR/Worker's Name): Jeevan Rana/ Tessa Sealey

Issue Identified (add detail to Corrective Action Plan – page 5)

Item No	Item	Yes	No	N/A	Issue Identified
5. Electrical Safety					
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?	✓			
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? inclusive of electronic equipment (Pumps, Beds, Plinths, Scissor lifts etc)	✓			
5.8	Are headsets in good working order?	✓			2 in reception
5.9	The Cardiac and/or Body Protected (RCD) area is tested and tagged? (6 monthly, if applicable)	✓			
5.10	Comments:				
6. First Aid					
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?	✓			
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:				
7. Fire/Emergency/ Security					
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	✓			

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: Adult Mental Health Unit (AMHU)

INSPECTED BY (Manager's name): Leanne Done

DATE: 5/3/2018

INSPECTED BY (HSR/Worker's Name): Jeevan Rana/ Tessa Sealey

Issue Identified (add detail to Corrective Action Plan – page 5)

Item No	Item	Yes	No	N/A
7.5	Are emergency evacuation diagrams/plans/procedures available and current?	✓		
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?		✓	Not 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?		✓	
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?	✓		

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: Adult Mental Health Unit (AMHU)

DATE: 5/3/2018

INSPECTED BY (Manager's name): Leanne Done

INSPECTED BY (HSR/Worker's Name): Jeevan Rana/ Tessa Sealey

Issue Identified (add detail to Corrective Action Plan – page 5)

Item No	Item	Yes	No	N/A	Issue Identified
11.6	Are Dangerous Substances including those stored in tanks/ drums labeled correctly? (incl. items that have been decanted or awaiting disposal)	✓			
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 Substance/s 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:				

12. Workstations

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)	✓			Work benches are narrow, low and non-height adjustable
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?	✓			Benches are right against the wall, with minimal leg room.
12.5	Comments: A risk assessment has been conducted by Workplace safety and recommendations have been made.				

13. Plant Rooms (for Property Maintenance & Management and Health Centre Managers Only)

13.1	Are the plant rooms clear of stored equipment, chemicals and rubbish?	✓			
13.2	Has all emergency equipment been serviced according to the required schedule (6 mthly)?	✓			
13.3	Are exit signs are visible?	✓			
13.4	Is access/egress to the plant room clear and free of trip hazards?	✓			
13.5	Are plant rooms kept locked? Are they appropriately signposted if the plant room is a confined space?	✓			
13.6	Are walkways/stairways clutter free and in good condition? E.g. free of water or oil, good tread, etc.	✓			
13.7	Comments:				

14. Other Issues (specific to your work area)

14.1	Government Vehicle prestart checklist has been completed? (WHSF.37)	✓			Both vehicles checked, with nil issues to report.
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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
<p>Rostering office/ CDN office fixed benches</p>		<p>1.8.2017 Noel Priest is a physiotherapist working for WPS will conduct an assessment of the Rostering office/ CDN office and provide us with a report of recommendations – workstation assessment booked for 9/8/2017</p> <p>9/8/2017- Noel Priest is a physiotherapist working for WPS he conducted a workplace assessment of the rostering/ CDN workstations – Noel has provided report with recommendations.</p> <p>15.2.2018 Maintenance request submitted for a quote to have the fixed workstations and over desk shelving removed: work order number: 537760 Waiting on quote.</p> <p>- quote received from Aurora Furniture for : 2 x 1800mm x 750mm(or greater) height adjustable workstations and 1x 1500mm x 750mm(or greater) height adjustable workstations be provided.</p> <p>1.3.2018- AVR Minute and documents emailed to Helen Braun to be sent to Bruno Aloisi for approval.</p>			
<p>Kitten doors- review</p>		<p>30/11/2017- Fredon have been asked to conduct a review on all kitten doors in the unit as over 80% of them are not sturdy and have locking issues. Job Number: 197875</p> <p>6/2/2018- Fredon will begin the process of reviewing all kitten doors this week.</p> <p>6.3.2018- Fredon continuing review of Kitten doors</p>			
<p>Inspection of all cracks in walls and ceiling B25</p>		<p>23/11/2017- a maintenance request has been submitted to have all cracks in patient rooms, corridors and social spine and corridors inspected for view to repair and ensure structural integrity</p> <p>6.2.2018- P/c to maintenance requesting update on when this is expected to take place.</p> <p>28.2.2018- received an email from Mark Osgood from TCH maintenance notifying Tessa this job has been cancelled- Tessa responded asking for an explanation.</p>			266

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		<p>5.3.2018- No response received from email sent on 28.2.2018- second email has been sent with Leanne Done CC'd.</p>		
<p>Quote for 2 external Awnings ADON office and Clinical Directors office</p>		<p>24/11/2017- a request for a quote for 2 external window awnings for the ADON office and Clinical Directors Offices on Level 2 has been requested. The two offices get very hot in summer and occupants find it very uncomfortable to work in these offices. Job number: 530198 18.12.2017- Quote received and accepted emailed to Maintenance 16.1.2018- email to maintenance requesting ETA on installation of awnings – No reply 6.2.2018- email to maintenance requesting ETA on installation of awnings 20/2/2018- Phone call to Watsons Blinds and Awnings: the two external blinds are expected to be factory ready on 22/2/2018- installation is expected to take place the week of 26/2/2018. 2.3.2018- Job completed</p>		
<p>HDU- Astro Turf</p>		<p>14.1.2018- Maintenance request submitted: work order number 53413 Astro turf has begun lifting exposing concrete- the concrete has started crumbling and can easily be removed causing a safety issue for consumers and staff. 16.1.2018-email to Robert Amos and Leo Grant from facilities management – please see attached 22.1.2018- Leo Grant replied to email with name of company who laid the Astro turf. 19.2.2018- email to Robert Amos requesting an update on having this issue fixed. 20.2.2018- phone call to Robert Amos asking for update: informed he called contractor and left a message- waiting on reply.</p>		<p>267</p>