

## WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

	5.3.2018- email to Robert Amos asking for an update- Leanne Done CC'd	

\*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:

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.*

Occupational Overuse Syndrome (OOS) related to the use of a computer, keyboard and/ or mouse can cause muscle aches and discomfort. Having incorrect posture from a poorly setup workstation can often lead to musculoskeletal injuries.

The following information is to assist you in setting up your workstation in line with basic ergonomic principles and to minimize the risk of injury.

<b>Personal Details</b>	
<b>Name:</b>	.....
<b>Position:</b>	.....
<b>Supervisor's Name:</b>	.....
<b>Date of Assessment:</b>	.....
<b>Daily Tasks</b>	
List your main daily tasks	
.....	
.....	
.....	
Could your daily tasks be varied to help overcome repetitive and prolonged activities?	Yes / No
Do you change your posture at least every hour?	Yes/ No
Are rest breaks taken regularly?	Yes/ No
Have you incorporated stretching exercises into your workday routine?	Yes/ No
<b>Please note:</b>	
Professional Workstation Assessments are recommended for staff members who have an injury or are experiencing pain at their workstation. For a formal Workstation Assessment by a qualified ergonomist/occupational therapist, please contact one of the providers on the Workstation Assessor List available on the intranet.	
<b>Link:</b> <a href="http://acthealth/c/HealthIntranet?a=da&amp;did=5070160&amp;pid=0">http://acthealth/c/HealthIntranet?a=da&amp;did=5070160&amp;pid=0</a>	
<b>Intranet pathway:</b> <a href="#">Home</a> / <a href="#">Quality and Safety</a> / <a href="#">Workplace Safety</a> / <a href="#">Computer workstation information</a>	

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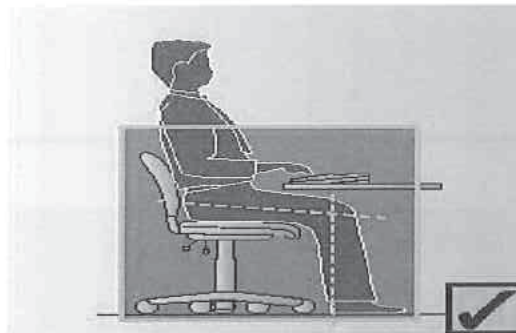
## 1. Setting up your Chair

### 1.1 Chair

The chair is the first piece of your workstation equipment that should be adjusted before modifying the position of your keyboard or computer screen.

### 1.2 Seat

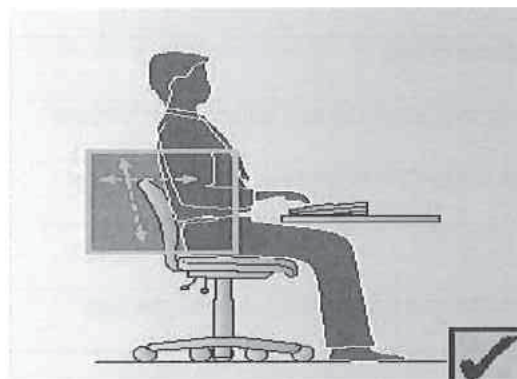
Seat Height:	<ul style="list-style-type: none"> <li>Adjust chair height so the feet are comfortably flat on the floor;</li> <li>The thighs are approximately horizontal; and</li> <li>The lower legs approximately vertical.</li> </ul>
Seat Tilt:	<ul style="list-style-type: none"> <li>Set to horizontal initially, although you may wish to adjust the tilt slightly forward to suit your comfort</li> </ul>



*Acknowledgement: Picture courtesy of "Officewise, A guide to health and safety on the office." WorkSafe Victoria*

### 1.3 Backrest

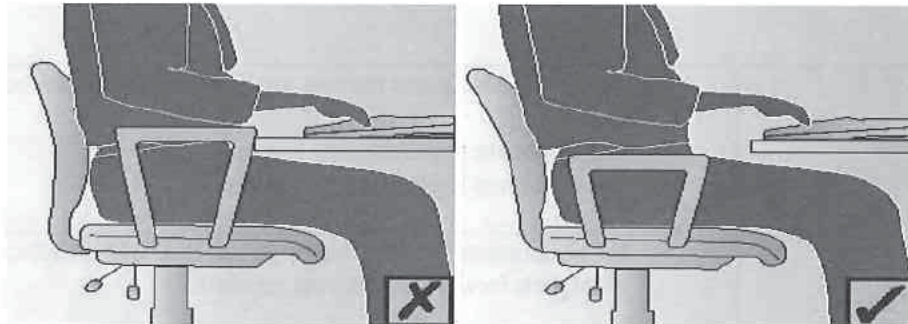
Backrest Height	<ul style="list-style-type: none"> <li>Move the backrest to locate the lumbar support to the curve of your lower back.</li> </ul>
Backrest Angle	<ul style="list-style-type: none"> <li>Use your body weight to lean back against the backrest; and</li> <li>Depress the control lever to enable the back rest to change the angle</li> </ul>



*Acknowledgement: Picture courtesy of "Officewise, A guide to health and safety on the office." WorkSafe Victoria*

**1.4 Arm Rest**

- Arm rests are usually not recommended unless they are well out of the way of the desk;
- If your chair has arm rests make sure that they do not prevent you from getting as close to the desk as you require or that they impinge on your elbows while you are working



*acknowledgement: Picture courtesy of "Officewise. A guide to health and safety on the office." WorkSafe Vic.*

**1.5 Setting up your chair - checklist**

Complete this checklist while adjusting your chair

**Chair:**

- |  |                          |
|--|--------------------------|
| 1. Adjust chair height so that your feet are comfortably flat on the floor   | <input type="checkbox"/> |
| 2. Ensure your thighs are horizontal and the lower legs are almost vertical. The angle between the thighs and the lower legs, behind the knee, should be 90° or greater. | <input type="checkbox"/> |

**Back rest:**

- |  |                          |
|--|--------------------------|
| 1. The backrest should fit in the curve of your lower back                       | <input type="checkbox"/> |
| 2. The backrest should not be placed too low                                     | <input type="checkbox"/> |
| 3. Raise the height of the backrest to its maximum then adjust until comfortable | <input type="checkbox"/> |
| 4. The backrest should provide a comfortable support against your lower back     | <input type="checkbox"/> |

**Arm rest:**

- |   |                          |
|---|--------------------------|
| 1. The armrest should not be preventing you from getting close to your desk | <input type="checkbox"/> |
|---|--------------------------|

**Note:**

If you experienced pain or have an existing injury seek a professional Occupational Therapist/ Ergonomist to assess and make recommendations for the best appropriate equipment for you.

## 2. Setting up your Desk

### 2.1 Desk

Your desk is a critical part of your workstation. It supports your day-to-day work tasks and computer equipment, as well as other items e.g. phones, document holders etc. The way your desk is setup and where you place your equipment plays an important role in promoting correct posture and user efficiency.

### 2.2 Desk Height

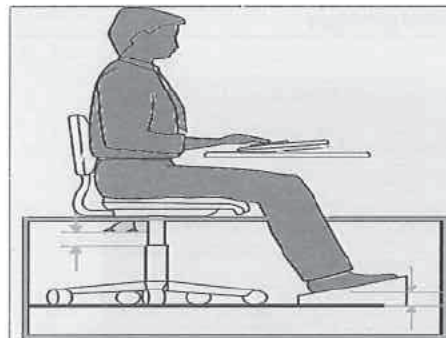
a) Height Adjustable Desk

- Adjust the desk so the top surface is just below elbow height.
- To determine your elbow height, relax your shoulders and bend your elbows to about 90 degrees and check the elbow height against the desk height.



b) Non Height Adjustable Desk

- If the desk is too high raise the chair by the measured difference and use a foot rest.
- If the desk is too low raise the height of the desk by extending the leg length or sitting it on wooden blocks or something similar. Remember to ensure that any such changes are secure and stable.



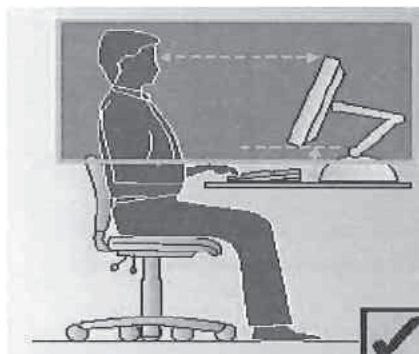
**2.3 Desk Checklist**

1. Adjust the top surface of the desk to just below elbow height	<input type="checkbox"/>
2. If your desk is a non height adjustable and is higher or lower than	<input type="checkbox"/>
3. your elbows measure the difference	<input type="checkbox"/>
4. If desk is too low then extend the length of the legs	<input type="checkbox"/>
5. If the desk is too high, purchase a footrest (it should be the same as the measured difference)	<input type="checkbox"/>

**3. Setting up your computer screen**
**3.1 Screen**

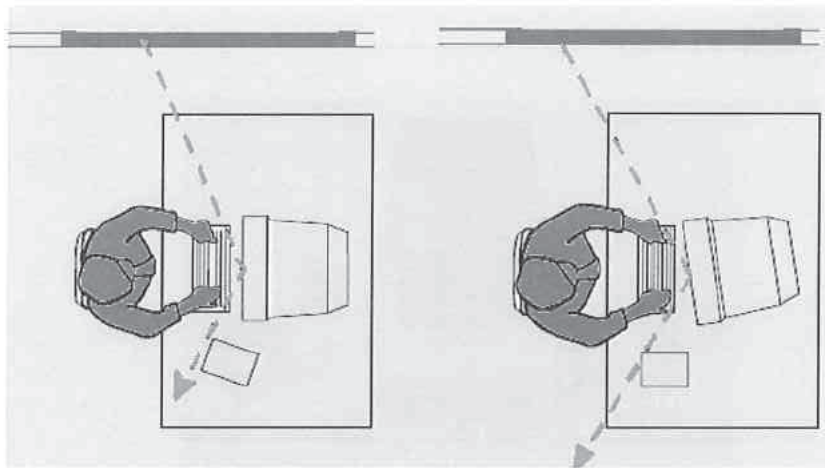
Your computer screen is the next piece of equipment that needs to be established. It is important that you take into consideration the environment you are working in before choosing the appropriate position for your computer screen. E.g. windows, light glare etc. However for most workstations the most appropriate position is directly in front of you.

Computer Screen	<ul style="list-style-type: none"> <li>The screen should be positioned once the chair and desk heights have been established.</li> </ul>
Height	<ul style="list-style-type: none"> <li>The screen should be positioned so that the top of the screen is level with, or slightly lower than, your eyes when you are sitting upright; and</li> <li>Either raise or lower the screen to achieve the desired height.</li> </ul>
Distance from the eye	<ul style="list-style-type: none"> <li>The monitor should be at least a full arms length away from your seated position</li> </ul>



**3.2 Computer screen checklist**

- |   |                          |
|---|--------------------------|
| 1. The top of your screen needs to be at eye level or just below  | <input type="checkbox"/> |
| 2. The screen should be directly in front of you  | <input type="checkbox"/> |
| 3. Tilt the top of the screen slightly further away than the base   | <input type="checkbox"/> |
| 4. Turn off your monitor to check for glare or reflection   | <input type="checkbox"/> |
| 5. If there is visible glare or reflection on the screen, refer to below picture for suitable screen locations. | <input type="checkbox"/> |





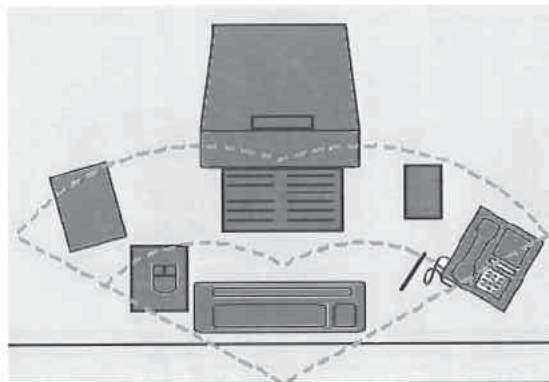
## 4. Setting up your keyboard

### 4.1 Keyboard

The keyboard and the mouse are the most frequently used items at the workstation. A common problem associated with keyboard use is the incorrect positioning of the elbows when using the keyboard, which may lead to sustained static load.

### 4.2 Setting up your keyboard

- Touch typist should locate the keyboard close to the desk edge.
- Non touch typists should locate the keyboard around 10 cm in from the desk edge. This enables:
  - Desk space to rest the hands when not typing;
  - Reduce the neck angle when looking between the keyboard and monitor



### 4.3 Keyboard checklist:

- |  |                          |
|--|--------------------------|
| 1. Place the keyboard as close to the edge of the desk as comfortable              | <input type="checkbox"/> |
| 2. Use the legs to tilt the keyboard until comfortable                             | <input type="checkbox"/> |
| 3. Allow room on the desk for the keyboard to be moved to the side when not in use | <input type="checkbox"/> |

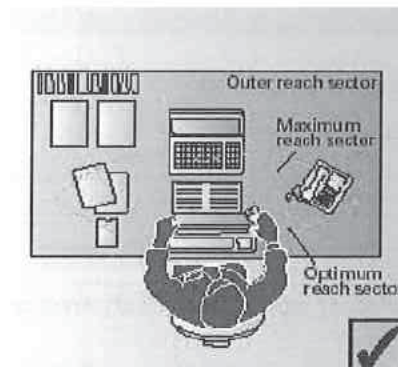
## 5. Setting up your mouse

### 5.1 Mouse

Almost every computer has a mouse and in most cases the mouse is the most used piece of equipment at your workstation along with the key board. This is why it is so important to know the correct way in setting up your mouse.

### 5.2 Setting up your mouse

- The elbow should remain bent when reaching for the mouse. The mouse should be located in the primary area.
- Your forearm should rest on the desk when your hand is on the mouse. It should glide over the desk when using the mouse.
- Train yourself to use a mouse with either hand.
- Learn keyboard short cuts for frequent mouse activities and reduced the use of the mouse
- When mainly using the mouse, locate it directly in front of you and use your other hand for minor keyboard corrections.
- Do not continue to grip the mouse, when it is not in use. Do not hover your hand over the mouse, rest it on the mouse or desk



### 5.3 Mouse set up Checklist:

- |  |                          |
|--|--------------------------|
| 1. The mouse should fit the size of your hand                                    | <input type="checkbox"/> |
| 2. Keep your wrist in a neutral position and avoid twisting or bending the wrist | <input type="checkbox"/> |
| 3. Place the mouse beside the end of the keyboard on L/H or R/H side             | <input type="checkbox"/> |
| 4. Regularly swap your mouse hand if using the mouse for long periods            | <input type="checkbox"/> |
| 5. Familiarise yourself with using keyboards shortcuts                           | <input type="checkbox"/> |

**NOTE:**

*Do not have your hand resting on the mouse when it's not in use*

**5.4 General keyboard Shortcuts**

Task	Shortcut	Task	Shortcut	Task	Shortcut
Copy text or object	Ctrl + C	Refresh page	F5	Save as	F12
Cut text or object	Ctrl + X	Select all	Ctrl + A	Save	Ctrl + S
Paste text or object	Ctrl + V	Insert line break	Shift + Enter	Delete	Ctrl + D
Make text italic	Ctrl + I	Scroll down	Page down	Spell check	F7
Decrease font	Ctrl + shift + <	Scroll up	Page up	Print page	Ctrl + P
Increase font	Ctrl + shift + >	Open a page	Ctrl + O	Hyperlink	Ctrl + K
Make text bold	Ctrl + B	Switch between open pages	Alt + Tab	Find a word in thesaurus	Shift + F7

**6. General storage on your desk**

**6.1 introduction**

It is important that your desk is kept clutter free. This will ensure that you have enough room to place items in the correct reaching range.

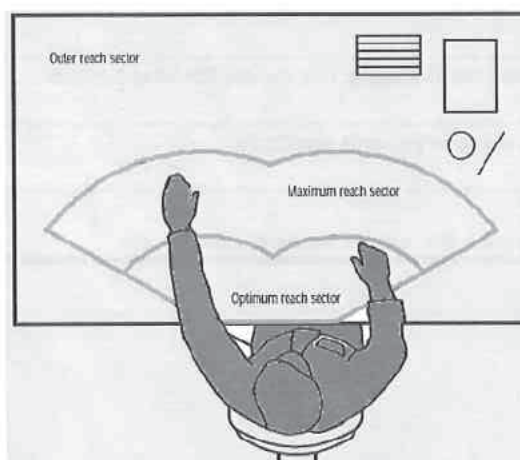
**6.2 Setting up general items/ storage on your desk**

Items to be placed in the outer reach area of your desk

- In trays
- Stationary

**6.3 Items to be placed in the maximum/ optimum reach area of your desk:**

- Telephone
- Frequently used items
- Reference books



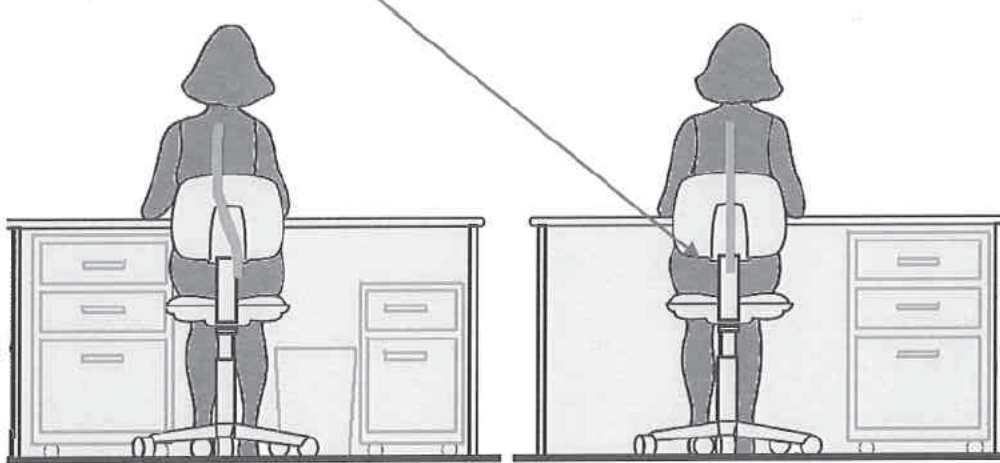
## 7. Clearance under your desk

### 7.1 Introduction

If you have a small desk it is important to keep under your desk clear from large items that may cause you to twist your back and adopt bad posture.

### 7.2 Clearance under your desk

General items such as large boxes, files and stationary draws should not be stored under your desk. Place these items to the side of the desk or in other appropriate areas around the office.



## 8. Sources

- **Office Wise – A guide to health and safety in the office**  
 Victorian Workcover Authority  
 September 1997  
[http://www.ergonomicsnow.com.au/ergonomics/Officewise\\_v2a.pdf](http://www.ergonomicsnow.com.au/ergonomics/Officewise_v2a.pdf)  
 18 February 2009
- **Jenny Barbour & Associates – Workstation Set up**  
<http://www.jennybarbour.com.au/?pageid=5725>  
 20 February 09 March 2009
- **University of Wollongong - Steps to Setting up Your Workstation**  
 May 2007  
<http://staff.uow.edu.au/content/groups/public/@web/@ohs/documents/doc/uow021442.pdf>  
 18 February 2009
- **CUergo – Ergonomic Guidelines for arranging a Computer Workstation – 10 steps for users, Cornell University Ergonomics Web**  
<http://ergo.human.cornell.edu/ergoguide.html>  
 20 January 2005



CANBERRA HOSPITAL  
AND HEALTH SERVICES

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

**Agenda  
Meeting room 2, AMHU  
Tuesday 13 March 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**
  - 8.1 March 2018 National Standard Scoop
  - 8.2 Support Staff Poster

**Next meeting: 10 April 2018**



Mental Health, Justice Health and  
Alcohol & Drug Services

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

13 March 2018

2.1

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**Subject:** Minutes

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**Source:** Stephen Priddin

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**Purpose/comments:** For Information

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

### Attendance and Apologies

Name	Position/Unit	Attended	Apology
Helen Braun	A/g Director AAMHS		Apology
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		Apology
Tessa Sealey	HSR Officer MHSSU & AMHU	Y	
Roz Fitzgerald	Allied Health Manager	Y	
Shane Carter	HSR Officer AMHU	Y	
Vanessa Hobbins	HSR Officer MHSSU		Apology

Chair: Leanne Done

Minutes: Stephen Priddin

## 2. Minutes and Actions arising from previous meetings

2.1 Minutes were accepted by Tessa Sealey

2.2 Actions Arising – reviewed and updated

## 3. Team Reports

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

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

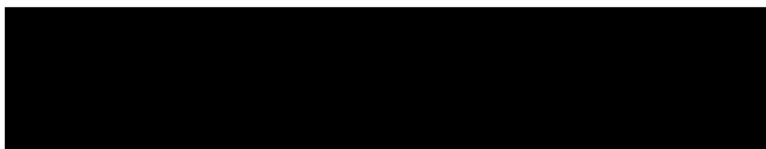
- Tessa and Shane discussed height adjustable desks with admin staff. Recommendations for the admin desk state it is best to leave benches as they were. A height adjustable bench creates a danger/risk for computers to be used as projectile 'weapons'.
- All other areas have replaced desks, excluding HDU. Discussion focused around the desk shape. Noel is happy to remove two parts of the desk, however if the end portion was removed and another desk added, it would create a walkway obstruction. Noel instead has recommended a slim lined desk.
- Leanne has suggested looking at the configuration of the room, and whether there is space for height adjustable desks.

- Phil asked whether there was a WH&S reason surrounding why the main AMHU admin desk was so low, as you are unable to see staff. Phil queried whether a height adjustable desk would be appropriate, or a singular raised desk to have one staff visible. Leanne advised that the desk layouts needed to be ergonomically appropriate for staff, while also incorporating and mitigating risk. There are currently no complaints from clients regarding visibility of admin staff. Leanne agreed that it's worth considering alternative desk configurations/options that are both functional and safe.
- Denise queried the status of gas cylinders and if they had been secured. AMHU have removed gas cylinders used for BBQs, but still have gas oxygen cylinders. Leanne stated that they are currently not secure and they are in the process of seeking brackets. Brackets are to be fitted in a secure place, and AMHU will halve the total number of cylinders within the unit.
- Rostering Office/CDN Office: AVR has been approved and placed, waiting response from accommodations team.
- Kitten Door Review: Fredon is doing an audit of the doors; taking photos and making a excel spreadsheet of issues with the doors. The spreadsheet will act as a running record to track the doors of a period of time. Allowing monitoring of wear and tear.
- Leanne to follow up with maintenance for clarification regarding fixing the cracks in walls and ceiling.
- The external awnings have been fixed and are now working. The action can be closed.
- HDU Astro Turf: Tessa has repeatedly emailed and contacted Robert Amos for feedback, who advised he was waiting on the contractor's reply. Leanne to email Robert, to encourage follow up.

3.2



3.3




3.4



#### 4. Report from Workplace Safety

##### Summary of report

- There were 3 insignificant, 1 moderate, 2 minor and no major incidents for the month of February. A total of 6.
- 2 were in AMHU, 
- Some examples of incidents were
  - Consumer physically assaulted staff member during medication administration – punched in chest
  - Verbal aggression/verbal abuse during phone call inpatients relative
  - Incorrect medication count



## 5. Divisional Workplace Goals and Objective

- Leanne has advised there is a business plan for AMHU for 2018-2019 that will focus on WH&S; this is currently in the works and an indeterminate process.

## 6. Items to be Included on the Program Risk Register

- Leanne endorsed the need to place windows at AMHU again – [REDACTED]

- [REDACTED]

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

### 8. Other Business

#### 8.1 Fridge Monitoring

- Denise has advised that medication fridge monitoring has changed from quarterly to monthly.
- [REDACTED]
- Leanne to notify AMHU CNC that the period requirements have changed.

#### 8.2 HSR Nominations

- Tessa queried whether there were any upcoming HSSR training; as Vanessa will be going on maternity leave shortly and AMHU will require a representative. Shane and Leanne have been discussing a succession plan for HSSR role, in an attempt to encourage nominations for AMHU and MHSSU after accreditation.
- If no-one expresses interest; Shane will stay in the role for AMHU. Shane to provide continued support to any successful applicant

**Next Meeting Tuesday, 10th April 2018**



**ACT**  
Government  
Health



CANBERRA HOSPITAL  
AND HEALTH SERVICES

Mental Health, Justice Health and Alcohol & Drug Services

## ACTIONS ARISING

Acute Adult Mental Health Services

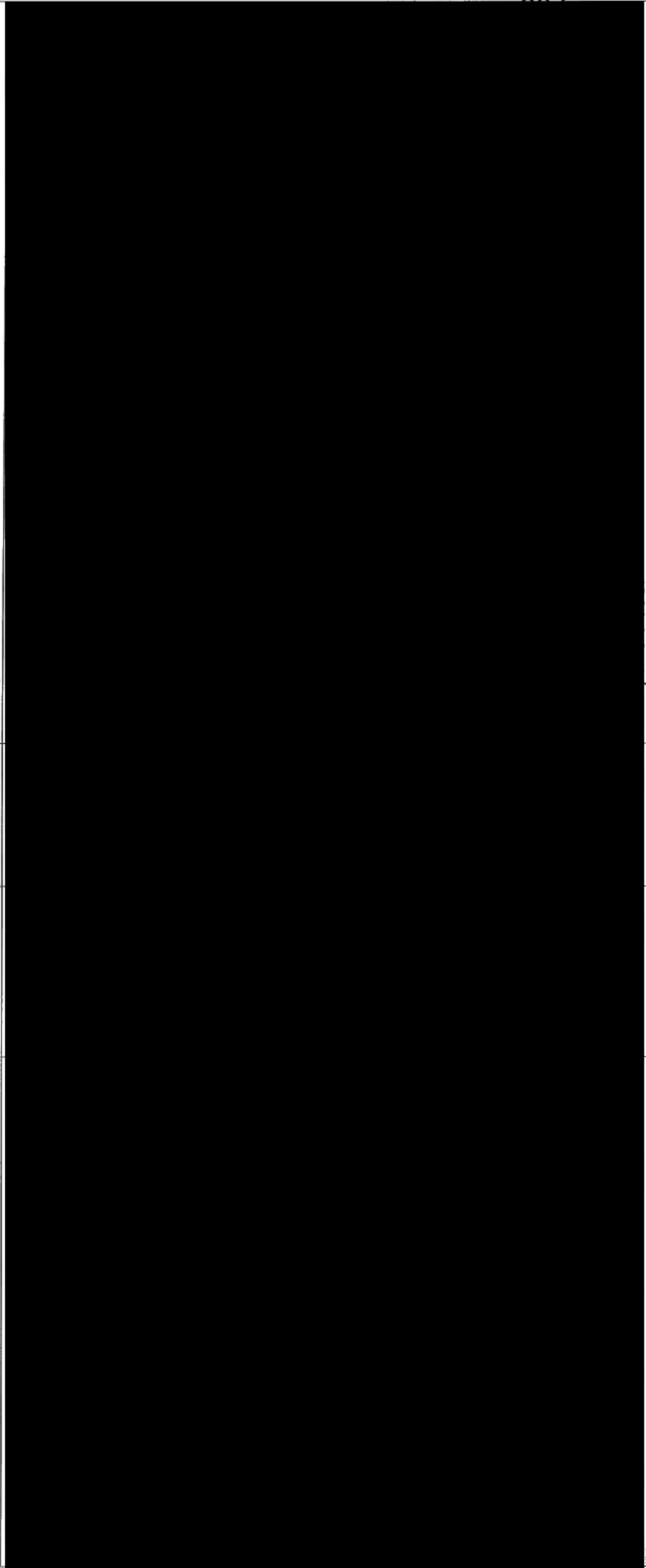
Work Health & Safety Committee

13 March 2018

ACTION ITEM	PERSON(S) RESPONSIBLE	FROM MEETING	REMARKS/ACTIONS
Mental Health Transfer Van	HB	6/9/2017	<p><b>6.9.2017</b> 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><b>10/10/2017</b> 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><b>19/12/2017</b> 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><b>9/1/2018</b> A meeting will be organised by Laura with Fleet, security, Phil Hoyle, Helen Braun and a HSR rep to discuss.</p> <p><b>13/2/2018</b> 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. Afternoon of 13/2/2018 Email sent to Michael Warylo to see if Van has been ordered.</p>

<p>AMHU Rostering office/ CDN office fixed benches</p>	<p>LD/ TS</p>	<p>1/8/2017</p>	<p>13/3/18 Helen is currently attending conference, to provide update at next meeting.  <b>Carry over</b>  <b>1.8.2017</b> 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.  <b>12/9/2017</b>- update next meeting  <b>10/10/2017</b> Leanne and Tessa will follow up.  <b>14/11/2017</b> Leanne to follow up  <b>19/12/2017</b> Leanne will be meeting with Kelly and Patrice to discuss storage options. Work Order request will be done for work stations next year.  <b>9/1/2018</b> Tessa is currently on leave and will return next week. Jeevan and Tessa are to progress with the Work order request.  <b>13/2/2018</b> Tessa will do a Minute or email to progress this.  <b>13/3/2018</b> AVR has been approved by Bruno and sent off to accommodations team. Tessa is waiting to hear back regarding commencement, expects a response within a few weeks.  <b>Carry Over</b></p>
<p>Divisional Workplace Goals and Objectives            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  <b>14/11/2017</b> Still a work in progress.  <b>19/12/2017</b> Ongoing discussions  <b>9/1/2018</b> Phil will follow up out of session.  <b>13/2/2018</b> This is captured through the Clinical Governance meeting. Broset has not yet commenced.            Helen will speak to Patrice Murray about PART training.  <b>13/3/2018</b> Kelly sought information from SDU/Capabiliti regarding how the unit is progressing with PART training. 12month strategy developed to ensure PART trainers are able to deliver PART training to staff. Current figures are better than expected, estimated to sit around 60-70%. SDU not happy to provide PART training, assert it should be provided</p>

AMHU _ Cracks in Ceiling in AMHU	TS		<p>internally. May require a conversation with SDU in the future. Leanne Donne to provide exact PART training figures for next meeting.  <b>Carry over</b></p> <p>Tessa to organise to have these investigated and repaired.  <b>19/12/2017</b> A request had been made to have these cracks investigated.  <b>9/1/2018</b> Phil to follow up with Tessa on her return from Leave.  <b>13/2/2018</b> A walk through was done by maintenance staff with Tessa. Nothing further has been done at this stage. Tessa to follow up  <b>13/3/2018</b> Tessa received an email notification from maintenance advising the job had been closed. Tessa requested clarification and was advised it was not a job they could address and an external provider would be required. Leanne to email maintenance for further advice.  <b>Carry over</b></p>
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			<p><b>13/3/2018</b> Request placed to use the sexual health/forensic office; Phil advised staff cannot use room. Staff are still having to hot desk. Phil notes that there aren't 'many' hot desks, as described in minutes. There are 4 and only 1 allocated space. As there are a minimum of 3 staff in the morning and potentially 4-6 staff in the afternoon (including CAMHS team); MH staff are inadequately provisioned.  <b>Keep open in the actions for now.</b></p>
<p>Chairs for workstations in AMHU</p>	<p><b>SC &amp; TS</b></p>	<p><b>9/1/2018</b></p>	<p>Not all workstations have proper office chairs. Shane will remind Tessa to put in an order for more office chairs.  <b>13/2/2018</b> Chairs were ordered and Tessa thinks they did arrive. She will follow up to see where in AMHU they are.  <b>13/3/2018</b> Tessa ordered enough chairs for each work station, approx. 8-9. Chairs still not located, hasn't had the opportunity to follow up. Shane to complete audit to determine the number of chairs.  <b>Carry Over</b></p>
<p>AMHU Lockers</p>	<p><b>RF &amp; TS</b></p>	<p><b>9/1/2018</b></p>	<p>Staff lockers are to be re-keyed and reallocated to staff  <b>13/2/2018</b> Tessa to find out the cost for having numbed 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.  <b>13/3/2018</b> Tessa contacted maintenance as a reminder and to advise the issue required urgent resolution. Maintenance advised the job had been sent to a private provider, and they will re-issue the job to prompt action. Once a provider is confirmed, dates and quote will be provided. Quote requested for electronic lock.  <b>Carry Over</b></p>
<p>Caring for our staff (under Divisional Workplace Goals and Objectives)</p>	<p><b>HB</b></p>	<p><b>9/1/2018</b></p>	<p>Staff may need more than 'Supervision' and EAP.  Helen will discuss with Kevin Kidd on his return from leave.  <b>13/2/2018</b> It would be beneficial for staff to know the processes for a coronial enquiry (there is one coming up that is causing distress for some staff) Helen will speak to Michelle Hemming.  <b>13/3/2018</b> Helen sent out an email with list of people able to provide clinical supervision to staff. Work going on in clinical education space, for staff health and wellbeing. EAP provider numbers sent out from Sue-Ella McGufficke wii DU. Helen to speak to it next week. Patrice sent out</p>

<p>email for MyHealth Champions, 3 nominated within AMHU. Leanne to have Patrice send MyHealth Champion information and link to Phil. Phil to follow up in CL/MHSSU to nominate/allocate MyHealth Champions.</p>			<p>email for MyHealth Champions, 3 nominated within AMHU. Leanne to have Patrice send MyHealth Champion information and link to Phil. Phil to follow up in CL/MHSSU to nominate/allocate MyHealth Champions.</p>
<p>Ligature risk – Remove ensuite doors</p>	<p>HB</p>	<p>9/1/2018</p>	<p>Helen to follow up.  <b>13/2/2018</b> only 50% of the rooms will be able to have the ensuite doors removed and their 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. Various suggestion have been put forward, one being soft foam saloon doors. Cut down doors will not be an option.  <b>13/3/2018</b> Still in progress, currently in decision-making stages on potential solutions for the holes in the floor, where the doors will come out. Currently still determining a safe and aesthetically pleasing option. Still waiting on solution for the actual door for rooms requiring privacy screening. Awaiting Kevin/Helen to review, and Helen to speak to next meeting.  <b>Ongoing</b></p>
<p>Ligature Risk review in ED -</p>	<p>HB</p>	<p>9/1/2018</p>	<p>Helen will raise this issue with ED. MH CL team may be able to assist do this review.  <b>13/2/2018</b> ?  <b>13/3/2018</b> Not discussed, waiting the release of ligature risk procedure from Kevin Kidd.  <b>Carry over</b></p>
<p>Workstation Self-Assessment Checklist</p>	<p>TS</p>	<p>13/2/2018</p>	<p>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.  <b>13/3/2018</b> Leanne discussed the E-learning tool on Capabiliti for work station staff –assessment, resources available for physiotherapy assessment for staff with permanent desks. Tessa &amp; Leanne to email information to staff in AMHU. Phil to email information to CL/MHSSU. Alerting staff of resources available, promoting awareness and individual responsibility; whether permanent allocation or hot desking.</p>
<p>Latex Allergy</p>	<p>PH</p>	<p>13/2/2018</p>	<p>Phil will contact Occupational Medical Unit (OMU) and ask if this is put on a staff members profile</p>

				<b>13/3/2018 Phil hasn't yet had the opportunity to action. Carry over</b>
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# NATIONAL SAFETY & QUALITY HEALTH SERVICE STANDARDS

## MARCH 2018 NATIONAL STANDARD SCOOP

Delivery of person centred, safe, effective and quality care is everyone's responsibility

### Governance

- Check your area's fire and evacuation posters are up to date.
- Check that all electrical equipment such as blood pressure monitors and microwaves have been tested and tagged in the last 12 months.
- Log all repair and maintenance issues via MyFm as soon as you notice them.
- Keep floors, walkways and storerooms clear of boxes and unnecessary equipment.

### Partnering with Consumers

Did you know our most common complaints and compliments are about staff conduct and communication with patients and families?

If a patient or consumer has a complaint:

1. do what you can to solve the issue at the time (listen, apologise, solve and thank them for their feedback)
2. provide the patient with a **Consumer Feedback Form** or direct them to **provide feedback online**.

### Preventing Healthcare Associated Infections

- Environmental cleaning is extremely important. Evidence shows a link between poor environmental hygiene and the transmission of infectious agents in health care settings.
- It is important to clean equipment that is shared by patients after **EVERY** use. This may include blood pressure machines, ECG monitors and bladder scanners.

### Medication Safety

- Keep the doors to medication rooms closed and medication trolleys locked when not in use.
- There has been an update to the **Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines** – Your CNC/CMC/CDN/M will provide you with more information.
- A Medical Officer must complete a venous thromboembolism (VTE) assessment on the National Inpatient Medication Chart (NIMC) on admission for every adult patient.

### Patient Identification and Procedure Matching

For establishing positive patient identification, the 3 core identifiers to be used are:

- full name
- date of birth
- URN, or address for patients without an existing URN.

**Note:** a Medicare card cannot be used as confirmation of a person's identification.

**Reminder:** check all alerts in relevant IT systems such as ACTPAS or EDIS to ensure the patient is given the correct coloured ID band for alerts.

### Clinical Handover

- Respect patient confidentiality. Remember to lock your printing to avoid sending patient information to the wrong printer or the information being left in full view!
- Confirm a patient's identity before doing a clinical handover – including clinic appointments, discharge to another facility or inter-hospital or inter-ward transfer.

### Blood and Blood Products

- Label all bloods by the bedside immediately after taking the specimen. Specimens can be hand labelled in the absence of stickers.
- Ensure the details are **CORRECT** and match the request form.
- Do not sign as a witness on a transfusion request form unless you have **directly witnessed** the blood collection.

### Preventing Pressure Injuries

- Educate the patient to stay active when possible, change their position regularly, eat a balanced diet and to drink adequate fluids.
- Assess patients' skin at each shift, discuss skin integrity at handover and document skin integrity on the Patient Care & Accountability Plan or Maternity Care and Accountability Plan.
- If concerned about the patient's skin integrity, refer them to the multidisciplinary team.

### Recognising & Responding to Clinical Deterioration

- Are you up to date with your Basic Life Support (BLS)?
- The CARE Program posters for patient and family escalation are being updated so look out for new ones in February. If you would like an in-service, call extension \*43951.
- Do you know if your patient has an Advance Care Plan? If not, and they would benefit from one contact [acp@act.gov.au](mailto:acp@act.gov.au)

### Preventing Falls and Harm From Falls

**To ensure the information you provide is comprehensive, when communicating a fall, consider these three questions.**

1. What was the patient attempting to achieve when the fall occurred (e.g. going to the bathroom, reaching for an object)?
2. What was the patient's state of mind when the fall occurred? (delirium, dementia, urgency to get to the toilet)?
3. What equipment does the patient require? And, what was being used, or not used, at the time of the fall?





# Support for staff

*Your Health - Our Priority –*

*it's not only about the patient it's also about YOU!*

**Working in health can be highly demanding and very rewarding.** It can be a challenging, intense and stressful time that tests you both personally and professionally. If you are experiencing issues in your personal or professional life, **seek help early.**

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

## Employee Assistance Program Providers (EAP) 24/7

Free professional and confidential counselling for staff and their immediate family.

Benestar	1300 360 364
Assure	1800 808 374
Converge International	1300 687 327
People Sense	1300 307 912

**Managers Hotline** - available from all providers on the number above (to deal with critical incidents and staff issues)

## Other Services Available 24/7

ACT Health Spiritual Support Service	6244 3849
Doctors Health Advisory Service	9437 6552
Nursing and Midwifery Support Service	1800 667 877
Stand By Support after Suicide	0421 725 180

## Emergency / Crisis 24/7

Police, Fire, Ambulance	0-000
Security	Dial 8 (TCH only)
Mental Health Crisis Assessment and Treatment Team	1800 629 354
Lifeline	13 11 14
Domestic Violence Crisis Service	6280 0900

## Next Step

A mental health program developed by *Beyondblue* 6287 8066 (Business hours)

**Respect Equity Diversity (RED) Contact Officers** See intranet for further details  
Provide support and information to assist in managing and preventing unreasonable behaviour in ACT Health.

**For more information on programs available to support staff health and wellbeing please contact:**

*MyHealth* Manager  
Sue-ella McGufficke  
Phone 6207 0266  
Sue-ella.McGufficke@act.gov.au

## 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 <b>incident reports</b> risk rated as HIGH/EXTREME or were there any CLUSTERS in the previous month?		No
2.	If <b>YES</b> 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 <b>Notifiable Incidents</b> 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 <b>RISK REGISTER</b> 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 <b>PLANNED INSPECTIONS</b> conducted for the last month? <i>If NO explain why this did not occur.</i>	Yes	
6.	At <b>STAFF MEETINGS</b> 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 <b>QUOROM</b> 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 <b>HSRs</b> attending the Program WHS meetings identified (as HSRs) in the Minutes?	Yes	No
10.	Has an ' <b>Annual Safety Check</b> ' been conducted? Use WHSF.41a and WHSF.41b		
11.	What was the date of the last <b>Annual Safety Check</b> August 2017 <i>If OVERDUE explain why this did not occur.</i>	Yes	No
12.	Has the annual review of the Tier 2 HSC <b>WHS Goals and Management Plans</b> 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"> <li>Are all staff represented by a HSR and first Aider?</li> <li>Is HSR and First Aid training current (e.g. initial training and annual refresher)?</li> <li>Are HSR and First Aider details up to date on Sharepoint?</li> </ul>	Yes	No No
14.	<b>Recommendations/Comments</b> (e.g. for noting, for advice etc)		
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](mailto: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. <b>Sep 2017</b> – Courtyard remediation works completed. Minister for Mental Health inspecting on 11 Oct 17. <b>Oct 2017</b> – Awaiting update on the remediation work regarding ligature risk. <b>Nov 2017</b> – ongoing <b>Jan 2018</b> – bathroom doors to be removed – schedule to be developed and privacy option to be scoped. <b>February 2018</b> – ongoing. <b>March 2018</b> Still in progress, currently determining a safe and aesthetically pleasing

<p>AAMHS transport van identified as requiring replacement to match one used at DMHU</p>	<p>Aug 17</p>		<p>Liaison between Fleet and Security Services</p>	<p>Helen Braun</p>	<p>Feb 18</p>		<p>solution to the removal of the bathroom doors.</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. Helen 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>

# 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 10 April 2018  
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: 8 May 2018**



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

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

**10 April 2018**

**2.1**

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**Subject: Minutes**

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**Source: Stephen Priddin**

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**Purpose/comments: For Information**

**Mental Health, Justice Health and Alcohol & Drug Services**  
**Adult Mental Health Services**  
**Work Health & Safety Committee**  
**10 April 2018**  
**MINUTES**

**Attendance and Apologies**

<b>Name</b>	<b>Position/Unit</b>	<b>Attended</b>	<b>Apology</b>
Helen Braun	A/g Director AAMHS	Y	
Leanne Done	ADON, AMHU	Y	
Denise Meyboom	Safe Practice Manager MHJHADS	Y	
Philip Hoyle	ADON, MHSSU/CL		Apology
David Trompf	HSR Officer CL		Apology
Jeevan Rana	HSR Officer AMHU		Apology
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

Chair: Helen Braun

Minutes: Stephen Priddin

**2. Minutes and Actions arising from previous meetings**

2.1 Minutes were accepted by Denise Meyboom, seconded 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 & Stephen Priddin) in the first week of each month.

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

- Tessa advised she hadn't heard back regarding the rostering office and CDN office. She was contacted by the accommodations team, who advised they would be providing Tessa with an update. To be updated at the next meeting.
- Kitten Door Review has been completed.
- Tessa has had a discussion with a representative from Fredon; who supplied a USB with a spreadsheet with all relevant information to a room. Tessa to show/provide to Helen.
- Tessa hasn't heard back from maintenance regarding the inspections for the cracks in the walls. Helen advised to contact Scott Harding; as he had given Helen information regarding job closure on another issue. Tessa to email for follow up.

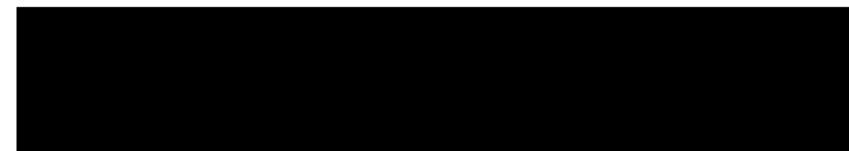


- Tessa advised a representative from Astro Turf has inspected the issue and taken photos; to discuss remedial action. Representative advised the turf would most likely need to be removed and relayed. The remedial work would involve closing the courtyard temporarily.
- Plastic Bag issue has been resolved.

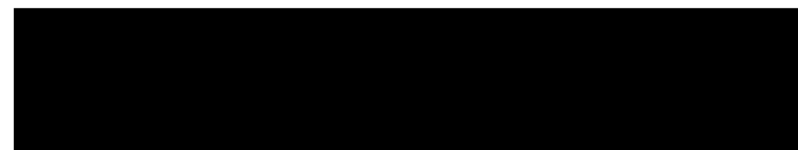
3.2



3.3




3.4



#### 4. Report from Workplace Safety

##### Summary of report

- There were 6 insignificant, 2 moderate, 7 minor and no major incidents for the month of February. A total of 15.
- 8 were in AMHU,  Outside Areas.
- Some examples of incidents were
  - Consumer able to open locked doors by prying them apart.
  - Consumer physically assaulted a staff member.
  - Issues with gender of staff and consumers; Helen stated this didn't need to be submitted as a Riskman.
  - ID/Access Card Lost
  - Switches near the consumer phone deactivate the magnetic door release in the courtyard; not clearly labelled.
  - Clinicians not reading MajicER messages; 160 unread. Helen has advised she has responded to Bruno regarding this; messages marked as unread do not equate to unread. Process has been put in place to resolve this.
  - Threatening phone calls received. Helen queried whether all administrative staff had completed the CARM – Managing Telephone Aggression training. Tessa confirmed.
  - Near Miss – Code Black. Duress Alarm failed when consumer became aggressive; Tessa has resolved and confirmed it was a duress fail.
- Helen queried whether the incident rating scale was determined by the submitter. Denise confirmed; stating it can be revised when evaluated.
- Roz queried whether there was sufficient duress alarms. Leanne noted this wasn't the first time this had been considered.
- Helen stated the issue had been addressed in 2016; staff carelessness resulting in the loss and destruction of a number of alarms. Several hundred dollars per device. The

decision at the time was to buy sufficient alarms for each docking station. Which should be 12 in total.

- Helen requested Tessa conduct an audit to determine the status and number of functioning duress alarms.
- Tessa noted she correctly doesn't have any non-functioning alarms. So they should all be working.
- Roz noted staff, doctors in particular, are leaving the alarms in their desks. Which is resulting in them not being charged, and subsequently used. Helen noted this is the major problem that requires addressing; as it will give a clearer picture of the number of alarms in use and the number actually required.
- Helen noted a new docking station is a large expense, due to licensing, so progressing a request for a new one should only be started when an audit is completed.
- Roz noted staff are also not logging out of duress alarms.

ACTION: Check how clearly the courtyard door and switches are labelled.

ACTION: Leanne to follow up riskman incident; patient that inappropriately touched staff member.

ACTION: Tessa to conduct an audit to determine the status and number of functioning duress alarms.

## 5. Divisional Workplace Goals and Objective

- Not discussed.

## 6. Items to be Included on the Program Risk Register

- Duress Alarms

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

- Ligature risk policy
- Potentially discuss duress alarms if an audit is completed by Monday 16<sup>th</sup>.

## 8. Other Business

### 8.1

- Roz queried whether AMHU should undertake a fire drill prior to the building work commencing; to test working doors, staff awareness and effective procedure.
- Due to the welding and sparks, potentially a fire alarm may be triggered; Tessa noted they should isolate the fire alarms around these works.
- Denise noted they would also require a hot works permit.
- Helen advised in the last fire alarm, it caused a lot of confusion with staff, security and patients.

ACTION: Roz Fitzgerald to discuss a fire drill with Patrice/Leanne.

**Next Meeting Tuesday, 8th May 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

10 April 2018

ACTION ITEM	PERSON(S) RESPONSIBLE	FROM MEETING	REMARKS/ACTIONS
Mental Health Transfer Van	HB	6/9/2017	<p><b>6.9.2017</b> 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><b>10/10/2017</b> 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><b>19/12/2017</b> 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><b>9/1/2018</b> A meeting will be organised by Laura with Fleet, security, Phil Hoyle, Helen Braun and a HSR rep to discuss.</p> <p><b>13/2/2018</b> 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.</p> <p>Afternoon of 13/2/2018 Email sent to Michael Warylo to see if Van has been ordered.</p> <p><b>13/3/18</b> Helen is currently attending conference, to provide update at next meeting.</p> <p><b>10/4/18</b> Helen to follow up on the status of order.</p> <p>Out of session – Helen emailed regarding status on the 12<sup>th</sup> April; received advice that specifications have been sent to Sgfleet and a quote will be supplied for order approval.</p>

<p>AMHU Rostering office/ CDN office fixed benches</p>	<p>LD/ TS</p>	<p>1/8/2017</p>	<p>14/5/2018 Helen provided advice to Beau Trevor with SG fleet that ACT Health Security Services and Wards persons approve of specs used with Dhulwa transport vehicles. Waiting for further advice. Carry over</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. 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 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. 9/1/2018 Tessa is currently on leave and will return next week. Jeevan and Tessa are to progress with the Work order request. 13/2/2018 Tessa will do a Minute or email to progress this. 13/3/2018 AVR has been approved by Bruno and sent off to accommodations team. Tessa is waiting to hear back regarding commencement, expects a response within a few weeks. 10/4/2018 Unable to discuss further without Leanne or Tessa. To be discussed at next meeting. 14/5/2018 Contractors from Construction ACT have advised Tessa that work will commence end of this week. Desks are ready to be installed; will be delivered when work has been completed. Action expected to be completed by next week. Carry Over</p>
<p>Divisional Workplace Goals and Objectives  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. 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. 13/3/2018 Kelly sought information from SDU/Capabiliti regarding how the unit is progressing with PART training. 12month strategy developed to ensure PART trainers are able deliver PART training to staff. Current figures are better</p>

		<p>than expected, estimated to sit around 60-70%. SDU not happy to provide PART training, assert it should be provided internally. May require a conversation with SDU in the future. Leanne Donne to provide exact PART training figures for next meeting.</p> <p><b>10/4/18</b> Helen to raise discussion held with Tina regarding PART training with Leanne.</p> <p>Broset was discussed during the Tier Two Clinical Governance meeting, as part of the aggression and violence guidelines risk assessment. Currently Dhulwa use DASA; and Dannielle Nagle has suggested adopting the training as a standardized approach across the Division. Helen to follow up with Deb Plant, as she is familiar with DASA and wrote the guidelines; will discuss and compare Broset &amp; DASA.</p> <p><b>14/5/2018</b> Helen to provide advice.</p> <p><b>Carry over</b></p>
<p>AMHU _ Cracks in Ceiling in AMHU</p>	<p><b>TS</b></p>	<p>Tessa to organise to have these investigated and repaired.</p> <p><b>19/12/2017</b> A request had been made to have these cracks investigated.</p> <p><b>9/1/2018</b> Phil to follow up with Tessa on her return from Leave.</p> <p><b>13/2/2018</b> A walk through was done by maintenance staff with Tessa. Nothing further has been done at this stage. Tessa to follow up</p> <p><b>13/3/2018</b> Tessa received an email notification from maintenance advising the job had been closed. Tessa requested clarification and was advised it was not a job they could address and an external provider would be required. Leanne to email maintenance for further advice.</p> <p><b>10/4/18</b> Unable to discuss maintenance email without Leanne present. Kevin, Helen and Tina met with Health Infrastructure, it was identified regular facility review is a risk at AMHU; as the responsibility is on clinical and administrative staff rather than facilities management. Helen is currently writing a document for Tina as part of the ligature risk assessment, which identifies this as a risk. Helen is hoping things develop in this space; or AMHU/MHSSU may require a facilities manager.</p> <p><b>14/5/2018</b> Tessa still hasn't received further advice. Shaun, Leanne and Rob Amos, conducted an audit of every bedroom in AHMU and rated them low to high risk; in terms of shutting the room down and having remediation works done. Some of the high risk rooms' work will be completed during phase 2 of ligature mitigation works.</p> <p><b>Carry over</b></p>

			<p><b>13/2/2018</b> Helen will follow up with Karen O'Brien.</p> <p><b>13/3/2018</b> Helen is currently attending conference, to provide update at next meeting.</p> <p><b>10/4/18</b> Helen has not received any feedback; to follow up again.</p> <p><b>14/5/2018</b> Helen to provide advice.</p> <p>Carry over</p>
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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.</p> <p><b>13/2/2018</b> Chairs were ordered and Tessa thinks they did arrive. She will follow up to see where in AMHU they are.</p> <p><b>13/3/2018</b> Tessa ordered enough chairs for each work station, approx. 8-9. Chairs still not located, hasn't had the opportunity to follow up. Shane to complete audit to determine the number of chairs.</p> <p><b>10/4/18</b> Tessa has completed an audit and confirmed there are sufficient chairs. However they are being moved by staff. Patrice and Leanne will email staff requesting chairs be left in their designated areas.</p> <p><b>14/5/2018</b> Tessa noted this action can be closed. There is sufficient chairs for nurses; including HDU. Shane to look at the nursing practices to determine why they are been moved between locations; despite email request to leave chairs in place.</p> <p>Carry Over</p>
AMHU Lockers	RF & TS	9/1/2018	<p>Staff lockers are to be re-keyed and reallocated to staff</p>

			<p><b>13/2/2018</b> 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.</p> <p><b>13/3/2018</b> Tessa contacted maintenance as a reminder and to advise the issue required urgent resolution. Maintenance advised the job had been sent to a private provider, and they will re-issue the job to prompt action. Once a provider is confirmed, dates and quote will be provided. Quote requested for electronic lock.</p> <p><b>10/4/18</b> Tessa hasn't had a response regarding either options; will follow up with maintenance again.</p> <p><b>14/5/2018</b> Tessa hasn't received any further feedback. Leanne noted ED have pin number lockers and could be a viable option; Tessa noted a quote request for a keypad or electronic pass options has been made. Tessa to chase up quote with Scott Harding.</p> <p><b>Carry Over</b></p>
<p>Caring for our staff (under Divisional Workplace Goals and Objectives)</p>	<p><b>HB</b></p>	<p><b>9/1/2018</b></p>	<p>Staff may need more than 'Supervision' and EAP. Helen will discuss with Kevin Kidd on his return from leave.</p> <p><b>13/2/2018</b> It would be beneficial for staff to know the processes for a coronial enquiry (there is one coming up that is causing distress for some staff) Helen will speak to Michelle Hemming.</p> <p><b>13/3/2018</b> Helen sent out an email with list of people able to provide clinical supervision to staff. Work going on in clinical education space, for staff health and wellbeing. EAP provider numbers sent out from Sue-Ella McGufficke with SDU. Helen to speak to it next week. Patrice sent out email for MyHealth Champions, 3 nominated within AMHU. Leanne to have Patrice send MyHealth Champion information and link to Phil. Phil to follow up in CL/MHSSU to nominate/allocate MyHealth Champions.</p> <p><b>10/4/18</b> As Phil is on secondment, uncertain whether prior to his departure the MyHealth information was provided to staff and Champions for MHSSU were identified. Helen to find the initial email, and forward to MHSSU for their action.</p> <p><b>14/5/2018</b> Helen to provide advice.</p> <p><b>Carry over</b></p>
<p>Ligature risk – Remove ensuite doors</p>	<p><b>HB</b></p>	<p><b>9/1/2018</b></p>	<p>Helen to follow up.</p> <p><b>13/2/2018</b> only 50% of the rooms will be able to have the ensuite doors removed and their person's privacy can be retained. In the other rooms, the bathrooms are able to be seen from the bedroom door viewing window.</p>

Solutions for these remaining doors are still being sought. Various suggestions have been put forward, one being soft foam saloon doors. Cut down doors will not be an option.

**13/3/2018** Still in progress, currently in decision-making stages on potential solutions for the holes in the floor, where the doors will come out. Currently still determining a safe and aesthetically pleasing option. Still waiting on solution for the actual door for rooms requiring privacy screening. Awaiting Kevin/Helen to review, and Helen to speak to next meeting.

**10/4/18** Tina, Kevin, Leanne and three representatives of health infrastructure had a meeting to discuss AMHU's ligature risk profile.

Helen advised a scope of works, based upon the external review document, is to be finalized by August. A number of rooms, up to 8 from 40, will be closed at any one time. High level discussions will need to occur regarding accessing bed stock within the division; including Dhuluwa, BHRC.

A test door was removed, and a metal plate installed. This was deemed inadequate and posed a ligature risk. Alternative remedial works were required; including welding and grinding down the ensuite door frame.

Scott Harding is currently arranging quotes. It is projected 2 rooms will be completed per day.

Denise queried whether magnetic curtain racks had been confirmed, Helen confirmed all rooms will have curtains; the action is sitting with Kevin to determine an appropriate solution.

Discussion questioned the longevity to the curtains, in relation to patient turnover. Helen will investigate and provide information.

Roz queried whether the Ligature Risk policy, endorsed in draft and sent out via email by Kevin Kidd, should be implemented and staff educated. Helen advised Kevin will be doing an orientation and training first for CNC's, ADONs, Managers, and HSRs in ligature risk; and the policy will subsequently be rolled out to other staff.

Kevin has created a standardized environmental risk checklist; to be adopted divisionally.

**14/5/2018** 37 Doors have been removed, the last 3 can't be removed until the J-track for curtains has been installed; due to line of site issues. Still waiting on agreement surrounding the commencement of phase 2 works; strategic decisions required to allow for temporary bed closure to allow for remediation works.

**Ongoing**



Ligature Risk review in ED -	HB	9/1/2018	<p>Helen will raise this issue with ED. MH CL team may be able to assist do this review.</p> <p><b>13/2/2018 ?</b></p> <p><b>13/3/2018</b> Not discussed, waiting the release of ligature risk procedure from Kevin Kidd.</p> <p><b>10/4/18</b> Not discussed.</p> <p><b>14/5/2018</b> Carried over – pending Helens feedback.</p> <p><b>Carry over</b></p>
4. Check how clearly the courtyard door and switches are labelled.	TS	10/4/2018	<p><b>14/5/2018</b> Leanne and Shane noted the riskman incident report wasn't correctly detailed; the switch in question opens the outside external gate and is located near the portable consumer phone. Tessa to provide larger sign to clarify the button's purpose and should only be pressed within an emergency.</p> <p><b>Carry over</b></p>
4. Leanne to follow up riskman incident; patient that inappropriately touched staff member.	LD	10/4/2018	<p><b>14/5/2018</b> Leanne to discuss with Kelly Chase; as she probably has followed up and all SAIRS are up to date.</p>
4. Tessa to conduct an audit to determine the status and number of functioning duress alarms.	TS	10/4/2018	<p><b>14/5/2018</b> Tessa hasn't had the opportunity to complete an audit, will conduct this week.</p>
8. Roz to discuss organising a fire drill with Patrice/Leanne prior to AMHU work commencing.	RF	10/4/2018	<p><b>14/5/2018</b> Leanne noted this would need to be discussed with Michael Warlow and Dario (?). Prior to Phase 2; rather than Phase 1 works. Leanne to follow up.</p>
3.1 Leanne to discuss prohibited items and conditions of entry with Helen; and discuss possible solutions with Shane and Tessa.	LD	14/5/2018	
Leanne/Helen to follow up with Stephen Tang regarding existing CCHS policy surrounding assessing capacity following an assault.	LD/HB	14/5/2018	

**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 (HSR/Worker's Name): Jeevan Rana/ Tessa Sealey	
INSPECTED BY (Manager's name): Leanne Done			DATE: 6.4.2018	
Item No	Item	Yes	No	N/A
<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	✓		
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:			
<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?	✓		Work Benches not height adjustable
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:			

# 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: 6.4.2018		
INSPECTED BY (Manager's name): Leanne Done			INSPECTED BY (HSR/Worker's Name): Jeevan Rana/Tessa Sealey		
Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
<b>5. Electrical Safety</b>					
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:				
<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?	✓			
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	✓			

**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: 6.4.2018**

**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
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:				
<b>8. Personal Protective Equipment (PPE)</b>					
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:				
<b>9. Plant/ Machinery/ Equipment</b>					
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:				
<b>10. Work Practices</b>					
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:				
<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?	✓			
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)		DATE: 6.4.2018		
WORK GROUP: Adult Mental Health Unit (AMHU)		INSPECTED BY (HSR/Worker's Name): Jeevan Rana/Tessa Sealey		
INSPECTED BY (Manager's name): Leanne Done		Issue Identified (add detail to Corrective Action Plan – page 5 )		
Item No	Item	Yes	No	N/A
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? (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)	✓		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.			
<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?	✓		
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:			
<b>14. Other Issues (specific to your work area)</b>				
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

<b>STEP 2. COMPLETE PLAN FOR ALL IDENTIFIED ISSUES THAT CAN BE RESOLVED IMMEDIATELY (Sign-off when completed)</b>					
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>6.3.2018- Approved AVR emailed to Accommodations request team</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. 6.3.2018- Fredon continuing review of Kitten doors 6.4.2018- Review is done on an excel data base- meeting with Mick from Fredon, Leanne and Tessa on Monday 9th April for report</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>			

WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

			<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> <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>6.4.2018- nothing new to add</p>		
HDU- Astro Turf			<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.</p> <p>16.1.2018-email to Robert Amos and Leo Grant from facilities management – please see attached</p> <p>22.1.2018- Leo Grant replied to email with name of company who laid the Astro turf.</p> <p>19.2.2018- email to Robert Amos requesting an update on having this issue fixed.</p> <p>20.2.2018- phone call to Robert Amos asking for update: informed he called contractor and left a message- waiting on reply.</p> <p>5.3.2018- email to Robert Amos asking for an update- Leanne Done CC'd</p> <p>5.4.2018- email to Robert Amos asking for an update- he will follow up with contractors for an ETA.</p>		
Plastic bags			<p>During a walkthrough of the unit on Friday 16.3.2018 with the MH Minister, Kevin Kidd picked up 2 small plastic bags by the servery. Both had "use by" stickers on them, suggesting they have come from the main hospital.</p>		

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

		<p>An email was sent to the food services manager requesting to have the current plastic packaging of the cutlery and bread slices changed to paper packaging.</p> <p>The following change was implemented from Monday 26.3.2018 all cutlery will be delivered in disposable paper packaging.</p> <p>Food services will supply extra loafs of bread and small paper plates on the food trolley at lunch and Dinner time , this will replace the individual pieces of bread currently received in plastic packaging.</p> <p>The HSC's be required to hand out slices of bread on the paper plates supplied if requested with the meals.</p> <p>We did discuss the option of having the bread slices delivered in paper packaging but having the bread slices delivered in individual paper bags would leave the bread dry and stale.</p>	
			

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**



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

**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.*