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| <p>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>10/4/18 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>14/5/2018 Helen to provide advice.</p> <p>12/6/2018 Shane has reported staff have mentioned they haven't had a robust follow up after incidents. Kelly Chase is currently on leave and she is the person who would follow up with staff- Leanne has been following up in Kelly's absence. EAP is offered every time and incident takes place. Staff are feeling fatigued by a consumer on the ward at the moment, management is aware of this. Having a security guard and a Wardsman present on the ward from 8am to 8pm over the weekend decreased the number of incidents to zero.</p> <p>10/7/2018 Leanne is currently following up with Peter (?) to ensure reports are going to the correct Riskman profile; provided to AMHU delegate rather than personal profile. Helen now reviews and responds to every riskman; providing acknowledgment, advice etc. to each individual as necessary. Shane noted he has provided a recent WHS in-service advising staff to de-identify patients in riskmans. Helen to provide list of AMHU riskman profiles to Shane to advise staff during in-service. Helen notes the response time is improving, though due to operational requirements and the volume of reports received it still takes longer than preferred to respond.</p> <p>Shane noted the response provided by Helen regarding police actions following assaults and her forwarding of issues for discussion with the Community Police Initiative has been well received by staff. Continue to monitor Helen to forward AAMHS riskman profile information to Kelly.</p> <p>Carry over.</p> | | | | <p>9/1/2018</p> |
| <p>Ligature risk – Remove ensuite doors</p> | <p>HB</p> | | | <p>Helen to follow up.</p> <p>13/2/2018 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</p> |

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 Dhulwa, 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.

12/6/2018- All Ensuite doors have been removed- Jtracks and curtains are being installed.

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| Ligature Risk review in ED - | HB | 9/1/2018 | <p>10/7/2018 Chair advised action can be closed; Stage One works complete. Ligature Risk Audit to be added to Standing Agenda. Closed</p> <p>Helen will raise this issue with ED. MH CL team may be able to assist do this review.</p> <p>13/2/2018?</p> <p>13/3/2018 Not discussed, waiting the release of ligature risk procedure from Kevin Kidd.</p> <p>10/4/18 Not discussed.</p> <p>14/5/2018 Carried over – pending Helens feedback.</p> <p>12/6/2018 Carried Over</p> <p>10/7/2018 To be raised at ED MH Meeting; discussion around comprehensive risk assessment of a person. Carry over.</p> |
| 4. Check how clearly the courtyard door and switches are labelled. | TS | 10/4/2018 | <p>14/5/2018 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>12/6/2018- The switches in HDU are already labeled- Tessa will show Leanne and see if larger labels are required.</p> <p>10/7/2018 Tessa has looked at all buttons across the unit; all labelled. Shane noted that the panel should state they are door switches and specify which button opens which door. Helen noted that part of Kevin's Ligature Management includes monthly testing of fixed buttons. Tessa to contact Dario (?)</p> <p>Carry over.</p> |
| | | | |
| 4. Tessa to conduct an audit to determine the status and number of functioning duress alarms. | TS | 10/4/2018 | <p>14/5/2018 Tessa hasn't had the opportunity to complete an audit, will conduct this week.</p> <p>12/6/2018- Tessa has conducted the audit- at the time of the audit there were 13 duress alarms not counted for- Tessa has sent a request to the critical systems and infrastructure team requesting for a report to find out the last login information for the missing handsets. Tessa will update next meeting.</p> |

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| | | | <p>10/7/2018 Tessa conducted Audit on 17/5; 13 duress Alarms not accounted for. Critical systems have provided report; most alarms are believed to be with Nursing Staff. At least 4 missing, haven't been used since January. Tessa to request information who last utilised missing alarms. Kelly and Tessa to discuss out of session. Carry over.</p> <p>14/5/2018 Leanne noted this would need to be discussed with Michael Warylo and Dario Gomez. Prior to Phase 2; rather than Phase 1 works. Leanne to follow up. 12/6/2018 the date for the planned fire drill is in Patrice Murray's Calendar and will take place this month. 10/7/2018 Fire in-service has been completed. Chair advised action can be closed. To be raised at Clinical Governance meeting. Closed.</p> <p>12/6/2018 Carried Over</p> <p>10/7/2018 Helen noted NWMH utilise a private a private company that has sniffer dogs to test for prohibited substances. Cannot utilize police dogs as the police have reporting requirements. Carry over</p> <p>12/6/2018 Shane reports staff are happy with Helens response and her continuation to follow up on reports to the AFP Staff have reported that the response of the AFP is improving 10/7/2018 Helen reiterated that police do not require an assessment to determine capacity, and charges are independent of capacity. Chair advised the action can be closed. Closed.</p> |
| 8. Roz to discuss organising a fire drill with Patrice/Leanne prior to AMHU work commencing. | RF | 10/4/2018 | |
| 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 | |
| Replace Toyota Yaris; poses risk to staff due to its compact size. | TS/HB | 10/7/2018 | |
| Repair Sinkhole in AstroTurf | TS | 10/7/2018 | |



**Agenda
Meeting Room 1, AMHU
Tuesday 14 August 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. Ligature Risk Audit & Risk Reduction Action Plan**
- 9. Other Business**

Next meeting: 11 September 2018



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

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

14th August 2018

2.1

Subject: Minutes

Source: Stephen Priddin

Purpose/comments: For Information

Mental Health, Justice Health and Alcohol & Drug Services
Adult Mental Health Services
Work Health & Safety Committee
14th August 2018
MINUTES

Attendance and Apologies

| Name | Position/Unit | Attended | Apology |
|-----------------|--------------------------------|----------|---------|
| Helen Braun | A/g Operational Director AAMHS | Y | |
| Leanne Done | ADON, AMHU | | Apology |
| Denise Meyboom | Safe Practice Manager MHJHADS | Y | |
| 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 | Y | |
| Vanessa Hobbins | HSR Officer MHSSU | | Apology |
| Kelly Chase | CNC AMHU | | Apology |
| Dr Sam Calvin | Clinical Director AAMHS | Y | |
| Philip Hoyle | A/g ADON AMHU | Y | |
| Jenae Smith | Office Manager MSSHU | Y | |

Chair: Helen Braun

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 noted the Toyota Yaris action has been completed; discussed under actions arising.
- Astroturf divot is being followed up; discussed under actions arising.
- MH Transfer van is to be delivered next month; discussed under actions arising.
- Anti-ligature drains, endorsed in the prototype room and fitted across rooms, have insufficient drainage and can potentially cause water build up and flooding. Kurt tested one room and confirmed issue; two different rooms were having the problem. Helen

noted this is being investigated; may require lowering water pressure as drains cannot be modified.

- Shane complimented the work completed by Tessa in having HDU lights dimmed; night staff are very appreciative. Shane noted this should be replicated in the women's lounge and de-escalation.

3.2

• [REDACTED]

3.3

• [REDACTED]

3.4

• [REDACTED]

4. Report from Workplace Safety

Summary of report

- There were 5 not entered, 9 insignificant, 3 moderate, 12 minor and 0 major. A total of 29
- 21 were in AMHU, [REDACTED]
- Breakdown of incidents include;
 - 10 Physical or Verbal Assaults
 - Consumer attempted property damage
 - Smoking in Unit
 - Incorrect Drug Count
 - Old Script Pads Missing
 - Room Leak in Bedroom and Smell of Gas.
 - Poor Skill Mix on morning shift and E3 shift.

5. Divisional Workplace Goals and Objective

- Discussed under actions arising.

6. Items to be Included on the Program Risk Register

- Divot in Astroturf.

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

- Ligature Risk Audit and Risk Reduction Action Plan
- Toyota Yaris Risk Assessment

8. Ligature Risk Audit & Risk Reduction Action Plan

- Helen noted the Ligature Risk Reduction Action Plan was not yet complete.
- Next six monthly audit ideally to be completed electronically; as paper method is time intensive for auditors and data compilation.
- Prototype room was endorsed; Stage 2 works have commenced. Currently constructing new doors and door frames. Issues with toilet seat initially selected for

the prototype room; new toilet seat has been endorsed. Need to source lighter curtain options; as current options are too heavy to function on the J-track.

9. Other Business

- Tessa noted the Salto cards and arm bands are back ordered; expected long waiting time.
- Denise requested the monthly WHS reports are to be sent to her, as outlined in meeting minutes, as she hasn't been received them lately.

Next Meeting Tuesday, 14th August 2018

Acute Adult Mental Health Services

Work Health & Safety Committee

14th August 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.</p> <p>Afternoon of 13/2/2018 Email sent to Michael Warylo to see if Van has been ordered.</p> <p>13/3/18 Helen is currently attending conference, to provide update at next meeting.</p> <p>10/4/18 Helen to follow up on the status of order.</p> <p>Out of session – Helen emailed regarding status on the 12th April; received advice that specifications have been sent to Sgfleet and a quote will be supplied for order approval.</p> |

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| | | | <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.</p> <p>12/6/2018 Carry over</p> <p>10/7/2018 Helen contacted Ally Jordan on the 15/6 and was advised that the vehicle specifications were provided to SgFleet; currently waiting on quotes. Helen to chase up for monthly update.</p> <p>Tessa advised damage has been assessed on vehicle; fleet received quotes. Three options were provided; 1) have damage repaired and be without van for a period. Not considered a viable option. 2) Wait until new van arrives and have it repaired, and pay for two leases until repairs and return complete. 3) Pay all repair costs up front and not claim through insurance. Option 2 or 3 to be discussed further with Fleet.</p> <p>14/8/2018 Helen advised she has received confirmation that the MH transfer van has been ordered and it is to arrive next month. Same specifications as the Dhulwa van. Action to be closed upon receiving van.</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.</p> <p>Helen will speak to Patrice Murray about PART training.</p> <p>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 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 internally. May require a conversation with SDU in the future. Leanne Donne to provide exact PART training figures for next meeting.</p> <p>10/4/18 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,</p> |

as she is familiar with DASA and wrote the guidelines; will discuss and compare Broset & DASA.

14/5/2018 Helen to provide advice.

12/6/2018 PART training has been problematic this year, trainers qualifications have lapsed due to them not running a PART training session. Leanne to contact Rachael Benny to find out whether the PART trainers qualifications have lapsed.

Broset: No update – Patrice and Leanne to have a discussion regarding training

10/7/2018 Helen to sit down with Patrice to determine PART training needs within service and determine lapsed trainer credentials. Helen has emailed Judy Gosper DON Clinical Support Services to determine interest in organizing MTU trainers to provide training in the TCH. ED is not interested in attending training, as modified PART training is provided to their staff. Part of Independent Review Recommendation to establish occupational violence strategy and training strategy.

14/8/2018 Denise recently sent out the MHJHADS Objectives and Management plan to directors for distribution and feedback, due back on 16th August. Has not received responses from AAMHS. Helen to send out email to AAMHS WHS committee members for comment; responses due COB 16th August.

Helen noted this should be added as a standing agenda item for WHS & team meetings. A recent MyHealth Survey indicated the need to incorporate walking groups and standing meetings in the service; as well as smoke free eLearning on Capabiliti and staff wellbeing resources.

Broset Training has been adopted but not fully implemented. An occupational violence committee is to be created; as part of the recommendations of the independent NWMH review. A terms of reference has been drafted by Deb Plant & Michelle Hemming. The independent review recommended security measures including; CCTV, privately operated sniffer dogs, an internal security team and double doors. Shane noted CCTV would be preferred by nurses in communal areas; recognizing the privacy of persons within rooms.

Carry over.

LD & PM

12/6/2018

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| | | | <p>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.</p> <p>10/4/18 Helen advised that staff will need to continue hot desking; until an appropriate solution is identified.</p> <p>14/5/2018 Helen to provide advice.</p> <p>10/7/2018 Helen to follow up with Rebecca Ebbott.</p> <p>14/8/2018 Helen hasn't received any further feedback regarding hot-desking or lack of workstations. Chair noted the action can be closed; to be opened if required.</p> <p>Closed</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> <p>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.</p> <p>13/3/2018 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>10/4/18 Tessa hasn't had a response regarding either options; will follow up with maintenance again.</p> <p>14/5/2018 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>12/6/2018 Quote to have the staff lockers locks changed from a key lock to an electronic lock has been received- Helen would like a second quote requested. In the interim Leanne and Tessa to come up with a system for the keys to be issues to staff- suggestion to have large key tags on each of the keys to prevent staff forgetting to return them</p> <p>Tessa to organize a second quote.</p> <p>10/7/2018 Helen has received quotes. Helen noted a robust system is required prior to their installation; to ensure the CNC and ADON are able to effectively communicate procedure during team handover/ meetings. Decisions required around period of usage, override, removal of personal belongings etc.</p> |
| | <p>TS & LD</p> | <p>12/6/2018</p> | |

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| Caring for our staff (under Divisional Workplace Goals and Objectives) | HB | 9/1/2018 | <p>Tessa has emailed requesting a secondary quote; to follow up. Kelly will chat with Nicole Slater in ED to determine what processes they have for ED lockers.</p> <p>14/8/2018 Tessa to email Nicole Slater in Kelly's absence. Carry over.</p> <p>Staff may need more than 'Supervision' and EAP. Helen will discuss with Kevin Kidd on his return from leave.</p> <p>13/2/2018 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>13/3/2018 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>10/4/18 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>14/5/2018 Helen to provide advice.</p> <p>12/6/2018 Shane has reported staff have mentioned they haven't had a robust follow up after incidents. Kelly Chase is currently on leave and she is the person who would follow up with staff- Leanne has been following up in Kelly's absence. EAP is offered every time and incident takes place.</p> <p>Staff are feeling fatigued by a consumer on the ward at the moment, management is aware of this. Having a security guard and a Wardsman present on the ward from 8am to 8pm over the weekend decreased the number of incidents to zero.</p> <p>10/7/2018 Leanne is currently following up with Peter (?) to ensure reports are going to the correct Riskman profile; provided to AMHU delegate rather than personal profile. Helen now reviews and responds to every riskman; providing acknowledgment, advice etc. to each individual as necessary. Shane noted he has provided a recent WHS in-service advising staff to de-identify patients in riskmans. Helen to provide list of AMHU riskman profiles to Shane to advise staff during in-service. Helen notes the response time is improving, though due</p> |
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| <p>to operational requirements and the volume of reports received it still takes longer than preferred to respond.</p> <p>Shane noted the response provided by Helen regarding police actions following assaults and her forwarding of issues for discussion with the Community Police Initiative has been well received by staff. Continue to monitor Helen to forward AAMHS riskman profile information to Kelly.</p> <p>14/8/2018 MHCPI to provide education through in services; already scheduled in AMHU calendar. Helen to provide de-identified riskman for staff education, as example of correctly completed riskman.</p> | | | <p>to operational requirements and the volume of reports received it still takes longer than preferred to respond.</p> <p>Shane noted the response provided by Helen regarding police actions following assaults and her forwarding of issues for discussion with the Community Police Initiative has been well received by staff. Continue to monitor Helen to forward AAMHS riskman profile information to Kelly.</p> <p>14/8/2018 MHCPI to provide education through in services; already scheduled in AMHU calendar. Helen to provide de-identified riskman for staff education, as example of correctly completed riskman.</p> |
| <p>Helen will raise this issue with ED. MH CL team may be able to assist do this review.</p> <p>13/2/2018?</p> <p>13/3/2018 Not discussed, waiting the release of ligature risk procedure from Kevin Kidd.</p> <p>10/4/18 Not discussed.</p> <p>14/5/2018 Carried over – pending Helens feedback.</p> <p>12/6/2018 Carried Over</p> <p>10/7/2018 To be raised at ED MH Meeting; discussion around comprehensive risk assessment of a person.</p> <p>14/8/2018 Chair noted action can be closed. ED not under AAMHS purview.</p> <p>Closed</p> | <p>9/1/2018</p> | <p>HB</p> | <p>Ligature Risk review in ED -</p> |
| <p>14/5/2018 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>12/6/2018- The switches in HDU are already labeled- Tessa will show Leanne and see if larger labels are required.</p> <p>10/7/2018 Tessa has looked at all buttons across the unit; all labelled. Shane noted that the panel should state they are door switches and specify which button opens which door. Helen noted that part of Kevin's Ligature Management includes monthly testing of fixed buttons. Tessa to contact Dario.</p> <p>14/8/2018 Tessa contacted Dario, informed they are working on improving labelling and description of switches. Currently coordinating with Leanne. Tessa to follow up with Leanne when she returns to ADON position.</p> <p>Carry over.</p> | <p>10/4/2018</p> | <p>TS</p> | <p>4. Check how clearly the courtyard door and switches are labelled.</p> |

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| | | | <p>12/6/2018- Leanne will follow up with the staff member this week 10/7/2018 Leanne to advise at next meeting; action carried over. 14/8/2018 Chair noted action can be closed; too long has passed for appropriate follow up to occur. Closed</p> |
| <p>4. Tessa to conduct an audit to determine the status and number of functioning duress alarms.</p> | <p>TS</p> | <p>10/4/2018</p> | <p>14/5/2018 Tessa hasn't had the opportunity to complete an audit, will conduct this week. 12/6/2018- Tessa has conducted the audit- at the time of the audit there were 13 duress alarms not counted for- Tessa has sent a request to the critical systems and infrastructure team requesting for a report to find out the last login information for the missing handsets. Tessa will update next meeting. 10/7/2018 Tessa conducted Audit on 17/5; 13 duress Alarms not accounted for. Critical systems have provided report; most alarms are believed to be with Nursing Staff. At least 4 missing, haven't been used since January. Tessa to request information who last utilised missing alarms. Kelly and Tessa to discuss out of session. 14/8/2018 Tessa sent email requesting update on missing alarms. No replies. Email to be resent by Phil Hoyle. Helen reiterated the need for the audit, to determine an exact number of required duress alarms, due to their expense. Jenae Smith to complete duress alarm audit of MHSSU. Carry over.</p> |
| <p>3.1 Leanne to discuss prohibited items and conditions of entry with Helen; and discuss possible solutions with Shane and Tessa.</p> | <p>LD</p> | <p>14/5/2018</p> | <p>12/6/2018 Carried Over 10/7/2018 Helen noted NWMH utilise a private a private company that has sniffer dogs to test for prohibited substances. Cannot utilize police dogs as the police have reporting requirements. 14/8/2018 Tessa noted this action was initially focused on the prohibited items list and conditions at reception and visitors bringing items onto the ward. Discussion noted this is an ongoing issue that would require consideration. Carry over</p> |
| <p>Replace Toyota Yaris; poses risk to staff due to its compact size.</p> | <p>TS/HB</p> | <p>10/7/2018</p> | <p>14/8/2018 Helen advised the Yaris has been replaced with a suitable alternative; action can be closed. Closed.</p> |
| <p>Repair Divot in AstroTurf</p> | <p>TS</p> | <p>10/7/2018</p> | <p>14/8/2018 Tessa has continually emailed regarding hole/divot in turf; no replies. Tessa to escalate email to Helen for action. Carry over.</p> |



**Agenda
Meeting Room 1, AMHU
Tuesday 9 October 2018
10.30 to 11.30 am**

WELCOME

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- 2. Minutes and Actions Arising from Previous Meeting**
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- 8. Ligature Risk Audit & Risk Reduction Action Plan**
- 9. Other Business**

Next meeting: 13 November 2018



Dhulwa Workplace Safety Concerns meeting in response to a letter from WSR (Carol Sandland) 7 August 2018

Attendees

| | |
|------------------------|---|
| Katrina Bracher | Executive Director, MHJHADS |
| Kevin Kidd | MHJHADS Director of Nursing |
| Deb Plant | Operational Director, Dhulwa |
| Carol Sandland | Workplace Safety Representative – Dhulwa |
| Myette Leversage | Workplace Safety Representative – Dhulwa |
| Goodwell Mhlanga | Workplace Safety Representative – Dhulwa |
| Sabarish Radhakrishnan | Workplace Safety Representative – Dhulwa |
| Liza Marando | Workplace Safety Representative – Dhulwa |
| | Australian Nursing and Midwifery Federation |
| | Australian Nursing and Midwifery Federation |
| Daniel Guthrie | Director, Workplace Safety |
| Michelle Hemming | Scribe |

Ms Bracher thanked everyone and welcomed them to the meeting and acknowledge the letter that Ms Sandland wrote about the workplace safety concerns at Dhulwa.

Ms Bracher acknowledged the safety concerns raised and expressed she takes all matters concerning staff safety seriously. Ms Bracher receives all RISKMANs that are submitted regarding a staff assault within MHJHADS, which she escalates to the Deputy Director General and Director General as necessary, who are also very concerned about staff safety and take these matters very seriously.

Ms Bracher acknowledged the work done at Dhulwa. The staff are the most expert in the ACT for this type of complex mental health care. The management team have been extraordinary in their support for staff – generally and specifically when these very concerning incidents occur. Additionally, the important focus all employees take with regard to safety – evidenced by 6 WSRs working together at Dhulwa.

Ms Bracher invited Ms Sandland to speak to and provide clarification on the issues/concerns, which are themed below:

1. Agency staff orientation and training.

An example was given regarding a shift where an Agency nurse was not familiar with the procedures.

2. Clinical handover between shifts of individual management plans and some staff not being familiar with the detail in the plan.

The impression was the plans can change without floor staff input and the changes are not conveyed to staff. Need to clarify the policy around management plan development.

3. Violence Prevention Management

The impression was that this was not an appropriate form of training and is not adequate for the clients at Dhulwa.

Examples given of inconsistent 'command' structure when VPM response is used and mixed messaging and approach to the use of VPM.

As an aside there was some discussion regarding earlier invention, recognition of deteriorating behaviour and the implementation of least restrictive practice in secure inpatient units

4. Leave provisions

Ms Sandland felt that input of floor nurses was not taken into account when determining leave. Discussion reflected on existing and extensive leave panel processes

Action – undertake a snapshot look at the leave plans for the past month regarding clarity of the documentation

5. Personal Protective equipment

Two issues flagged:

- I. Location of PPE and all staff being aware. Example was given where PPE had been removed from the staff station and some staff were not aware.
- II. Availability and appropriateness of padded protective suits.

6. Resourcing on the floor with patient leave and other activities

Need for 5 staff to be available for implementation of VPM restraint interventions.

7. Availability of debriefing following incident

An example was given that the staff that were injured (July 2018 incidents) did not receive a de-brief or follow up.

Discussion regarding need for de-briefing at 3 distinct points:

- I. Immediately with any injured staff
- II. For the team involved
- III. For Dhulwa team more broadly

The other WSRs in attendee were asked if they had any issues regarding workplace safety at Dhulwa they wished to raise in this meeting. No further concerns were raised.

Ms Bracher outlined the governance process for workplace safety within MHJHADS and the committee structure for the management and escalation of workplace safety concern, including:

- I. The three Tiered process in place for the management of Workplace Safety issues (program level, divisional level and ACT Health level).

- II. The requirement for management/WSR monthly reports (these are being completed at Dhulwa with the 6 WRS's completing the reports on a roster basis).

Ms Bracher expressed that all staff have a responsibility for staff safety and importance of the monthly WPS reports as this enables issues to be raised and addressed/ escalated through the tiered committee structure. The Workplace Safety legislation is clear on the responsibilities to document issues. The WPS representatives play a very important in that system and process.

Possibility of a Provisional Improvement Notice (PIN)

Given the formality of the letter from Ms Sandland regarding a possible PIN, Ms Bracher asked Ms Sandland if she would be progressing with a PIN under the legislation on Dhulwa.

Mr Guthrie provided information about the intention and purpose of the provisions of a PIN in the legislation. The provisions were there for a good reason - when employers were not listening to the raised safety concerns by staff it provided an avenue for escalation. Equally management had to have the opportunity to address issues.

It was Mr Guthrie's impression that this meeting and the conversations about safety issues at Dhulwa clearly illustrated that ACT Health /MHJHADS want to and are listening to the concerns being raised and this meeting is moving in the right direction to facilitate the issues being addressed. Mr Guthrie expressed that while this is one step in addressing the raised concerns, not everything could be 'fixed' all at once, but working together to resolve the concerns is a really good approach.

Ms Sandland expressed some concern about the inconsistent approach to the monthly WSR reports. It was agreed that the issues remain on the report until they are resolved.

Ms Bracher asked the views of the attendees on the way forward and suggested:

1. Reconvene another meeting of this group, or
2. Provide a written response to the concerns.

It was agreed that reconvening another meeting was the preferred option with the intention of that meeting to discuss shared solutions to this meetings identified concerns.

The second meeting would provide an avenue for information to be shared about what has been done to address the identified concerns, the rationale for those actions and to seek a consensus agreement to the actions of resolution.

Ms Bracher thanked everyone again for their time and openness at the meeting.

Meeting closed.



**Second Dhulwa Workplace Safety Concerns meeting in response to a letter from WSR
(Carol Sandland)
15 August 2018 – 1:30pm**

Attendees

| | |
|---------------------|--|
| Katrina Bracher | Executive Director, MHJHADS |
| Kevin Kidd | MHJHADS Director of Nursing |
| Deb Plant | Operational Director, Dhulwa |
| Carol Sandland | Workplace Safety Representative – Dhulwa |
| Myette Leversage | Workplace Safety Representative – Dhulwa |
| Goodwell Mhlanga | Workplace Safety Representative – Dhulwa |
| Liza Marando | Workplace Safety Representative – Dhulwa |
| Lavinia Ma'u-Pohiva | Workplace Safety Representative – Dhulwa |
| Daniel Guthrie | Director, Workplace Safety |
| | Support person - Australian Nursing and Midwifery Federation |
| | Support person - Australian Nursing and Midwifery Federation |
| Michelle Hemming | Scribe |

Ms Bracher welcomed everyone to the second meeting and acknowledged the discussion that occurred in the 7 August 2018.

Ms Bracher indicated that this meeting was to work through the list of issues that were collated during the 7 August 2018 meeting and the three additional issues Ms Sandland later raised by email.

The issues contained in the write up from the 7 August 2018 were are following:

1. Agency staff orientation and training.

Ms Plant provided information about the use of agency staff in Dhulwa through MediService. Agency staff receive training which includes induction and orientation to Dhulwa and VPM training before commencement. Ms Plant advised there has been one exception when a staff member did not have VPM training and that agency staff was placed in a lower acuity area on the decision of the ADON. The Dhulwa Induction Checklist Operational Procedure was tabled.

It was agreed if agency staff did not have access to MAJICeR this was to be escalated to the Nurse in Charge of the shift and the Clinical Nurse Consultant (CNC).

It is not the intention to use agency staff as a permanent solution, however the use of agency staff is occurring while MHJHADS develops the nursing workforce and on occasions fills unplanned leave. Ms Plant also confirmed that agency staff are not to be the Nurse In Charge of a shift.

2. Clinical handover between shifts of individual management plans and some staff not being familiar with the detail in the plan.

Management plans are developed by the Multidisciplinary Team (MDT) with all team members expected to contribute to the person's clinical plan. The management plan is on MAJICeR and is accessible by all staff. Staff have a professional responsibility to review clinical plans to ensure appropriate care and treatment is provided.

The *Mental Health (Security Facility) Act 2016* outlines the responsibility for the facility as being with the Assistant Director of Nursing, for leading the care and treatment provided at Dhulwa in addition to the safe management and order of the unit.

Dhulwa is a highly regulated environment and staff have a mutual responsibility to know the policies and procedures that are specific to their workplace.

Action – team in-services to be provided on:

- the legislative responsibilities for a secure facility,
- consider a 'policy of the month' process for Dhulwa team meetings, and
- clinical handover/ MDT and the professional and workplace responsibility of all staff to be aware of a patient's management plan.

3. Violence Prevention Management

Ms Plant outlined the reasons that VPM was chosen for Dhulwa, which include:

- VPM training is a specialised, evidence based and endorsed training package
- It is delivered by Hunter New England Health Service, NSW to all members of the DMHU team,
- VPM is endorsed and adopted across a number of jurisdictions including Forensicare in Victoria, Wilfred Lopes in Tasmania and the Forensic Hospitals in NSW. It was assessed during the commissioning of Dhulwa that these units were most aligned with the DMHU service model,
- There is no significant difference between all the various violence prevention programs assessed. They were all suitable for high secure care, so VPM was assessed that as suitable for medium secure care (like Dhulwa),
- While PART is adopted across ACT Health / MHJHADS clinical areas, there is no forensic unit in Australia uses PART, and
- The training arrangement with Hunter New England Health Service was easily accessible and they were able to provide experienced trainers who were also used to train staff at the Sydney Forensic Hospital.

Ms Bracher indicated that if staff/WRS's have any suggestions for better training than VPM, the Dhulwa management team would seriously consider any suggestions.

Staff advised they were happy with the latest VPM training session that they attended. It was acknowledged that drills and the recent training by the CDN are a step forward and including regular drills would address this issue.

Action –

- undertake drills of VPM to practice the role in charge, the VPM and the end point debrief.

4. Leave provisions

Ms Sandland felt the floor nurses input was still not taken into account. Discussion reflected the shared responsibility to escalate concerns for inclusion into the MDT to inform the decision making. While the Leave Panel is the formal mechanism for determining leave arrangements, decisions for leave can be re-considered in the team, including escalation if staff do not feel safe to escort on leave at any particular point in time.

Mr Quincy Jones (ANMF support person) requested that the issue of ratios of staff on leave to be included in the write up. Mr Quincy Jones was advised that this issue was raised in March 2018 and has been addressed in the corrective actions being taken.

The audit of 5 de-identified leave plans was tabled showing that the process for leave is in place and appropriate.

5. Personal Protective equipment

The location of PPE is to remain where currently located and if needed the drawer will be painted RED and signage indicating “PPE” will be applied.

Action – Dhulwa Management team to follow up.

The issue of padded protective suits was discussed. While they were suggested by the nurse educator last year as a possible safety mechanism, the Director Workplace Safety has had experience with these suits in Qld. Qld has stopped using them as they had other unintended consequences and injuries. As such, MHJHADS has made a decision not to use them.

6. Resourcing on the floor with patient leave and other activities

It is the role of the Nurse in Charge to ensure/coordinate there are 5 VPM trained staff on the floor and that everyone knows their role if a situation requiring the deployment of VPM interventions was required.

Action – Operational Director to make a directive that the Nurse in Charge of the Shift is to allocate roles for VPM at the beginning of each shift.

7. Availability of debriefing following incident

Ms Bracher advised that the injured staff were actively followed up by the management team. As the contact was with the individual staff member and private, the rest of the team may not have been aware. Additionally all staff were offered to opportunity to work elsewhere in MHJHADS if they felt the need.

Ms Bracher indicated that there are 3 levels of de-brief that are expected in MHJHADS:

- Individual with the injured staff – this occurred;
- Immediate staff group/team debrief – it was acknowledged that the team debrief did not occur. MHJHADS Incident Procedure outlines the role and process for providing that de-brief and the management team will ensure that this occurs routinely in future; and
- General communication with all staff in Dhulwa – this occurred via regular email.

Three further issues raised in 12 August 2018 email from Ms Sandland

- 1. Security have to get through 4-6 doors in order to help nurses on the floor when a code Black is called.**

Security staff at other units such as Wilfred Lopes and Thomas Embling are not part of the aggression and violence response team.

Security staff are clearly differentiated from the clinical team at Dhulwa and where they have a role it is always as secondary responders under the direction the clinical team. Security staff as sentinels in staff stations is counter therapeutic to the role nurses have in the unit.

While not routine process, Ms Bracher reinforced that on an individual basis, Security staff can be stationed in the ward as part of the individual's management plan. This is currently the case to the patient involved with the assaults.

- 2. DMHU was shut down last Wednesday 8/8/18 and Friday 10/8/18, no one could get in or out of DMHU until security whom were tied up in the seclusion and enhanced care areas were free to come back to the front entrance and security station at DMHU.**

The lock down of the front entry to Dhulwa will occur when security resources are prioritised to support clinical areas. This is part of the endorsed policies and procedures ensuring that the safety of staff and patients inside the unit is prioritised over entry/egress from the unit.

- 3. Nurses request that registered staff only be employed, instead of AINs, the rational for this is, AINs only count cutlery here at DMHU they are not allowed to go out on leave, do visual or physical checks, take a patient load, they do not do notes, there is and never has been a job description for AIN's. We feel this is not an appropriate setting for them we need registered staff.**

The history of the staff profile for Dhulwa was discussed, including the process for benchmarking against other jurisdictions and similar units for all professions.

The duty statement for Assistants in Nursing (AIN's) was tabled at the meeting and that AINs are used in Dhulwa over and above the registered nurse compliment and as part of a therapeutic model of care.

Escalation process for workplace safety

Ms Bracher explained the governance process for workplace safety within MHJHADS, including the committee structure for the management and escalation of workplace safety concerns:

- I. The three tiered process in place for the management of Workplace Safety issues (program level, divisional level and ACT Health level).
- II. The requirement for management/WSR monthly reports (these are being completed at Dhulwa with the 6 WRS's completing the reports on a roster basis).
- III. All WRS have a responsibility for the completion of the monthly reports jointly with the ADON.

Ms Bracher confirmed that the 30 July 2018 report from Dhulwa did not contain any issues for escalation to Tier 2. Ms Bracher reiterated that the monthly reports are an important part of the process to address issues and the monthly report should be seen as an 'action plan' to resolve the identified issues. Ms Bracher outlined her expectation that the August 2018 monthly report be a reflection of the issues discussed and what management process are in place to address those issues.

It was agreed to reconvene for another meeting, after the next Tier 2 and Tier 3 meetings. The third meeting of the group would review the issues and the work done to address and if required identify any further solutions.

Ms Bracher thanked everyone again for their time and openness during the meeting.

Meeting closed 4:10pm.



**Third Dhulwa Workplace Safety Concerns meeting in response to a letter from HSR
(Carol Sandland)
17 September 2018 at 10.00am**

Attendees

| | |
|------------------------|--|
| Katrina Bracher | Executive Director, MHJHADS |
| Kevin Kidd | MHJHADS Director of Nursing |
| Deb Plant | Operational Director, Dhulwa |
| Carol Sandland | Health Safety Representative – Dhulwa |
| Goodwell Mhlanga | Health Safety Representative – Dhulwa |
| Liza Marando | Health Safety Representative – Dhulwa |
| Sabarish Radhakrishnan | Health Safety Representative – Dhulwa |
| Daniel Guthrie | Director, Workplace Safety |
| [REDACTED] | Support person - Australian Nursing and Midwifery Federation |
| Michelle Hemming | Scribe |

Ms Bracher welcomed everyone to the third meeting of this group and acknowledged the discussion that occurred in the 7 and 15 August 2018.

Ms Bracher indicated that this meeting was for an update on the work in response to the list of issues collated during the 7 August 2018 meeting and the list of actions agreed to at the 15 August 2018 meeting.

Ms Plant tabled the Dhulwa August 2018 WHSF.2.2 – Planned Inspection Checklist – Operational which documents the remedial work that has occurred and will continue to occur to address the issues that were raised during the 7 and 15 August 2018 meetings, including:

- Nurse Escorts
- Distance between the seclusion and main area of Dhulwa
- Violence Prevention Management
- Personal Protective equipment
- Agency staff orientation and training
- Clinical handover and management plans
- Resourcing on the floor
- Debriefing following an incident
- AIN responsibilities at Dhulwa

This report was tabled at the Dhulwa WHS Tier 3 meeting and the September 2018 checklist will reflect timeframes for completion against the actions. In line with the governance process, the Dhulwa monthly report, including the progress against this actions will be tabled at the Tier 2 Workplace Safety meeting.

Discussion occurred about the collaborative work that went into the development of this documented remediation action plan which has illustrated the cooperative approach to address the workplace safety issues.

HSR's made mention of their need to be informed by staff about WHS issues at the time they occurred so that they were in a position to be able to complete timely assessments and undertake appropriate follow-up.

Further work will occur at Dhulwa including:

- the establishment a photo board so that all staff can recognise the Health and Safety representatives, and
- Establishment of monthly Health and Safety Representative meetings to review and agree to the monthly report and to enable positive relationship in the approach of HSR in undertaking their role and function as a HSR.

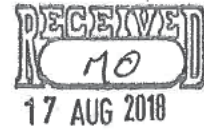
It was agreed to reconvene for another meeting, in early November 2018 to review and see the progression and completion of work as outlined in the Tier 3 action plan. Ms Sandland expressed her sincere thanks to Deb Plant for her extensive work on the action plan and advised that the team feels heard by Ms Plant and that action was being taken to resolve issues.

Ms Bracher thanked everyone again for their time and openness during the meeting.

Meeting closed 11.10am.



CAVEAT BRIEF



Client-in-Confidence

To: Shane Rattenbury MLA, Minister for Mental Health

Through: Michael De'Ath, Interim Director-General, ACT Health

Subject: Restricted Access to Dhulwa Mental Health Unit on [REDACTED] 2018

Dhulwa Mental Health Unit (Dhulwa) is the secure mental health facility in the ACT.

On [REDACTED] 2018, Dhulwa has been subject to a number of security staff shortages related to unplanned leave. As a result, access to the unit has been temporarily restricted as security staff are required to attend to a number of priority clinical areas within the unit including a medical escort and the support of clinical staff in the management of a person admitted to the unit who is currently considered a high risk to others.

The security front desk to the unit has been closed, restricting movement in and out of the unit. Staff shift change and priority access will continue to be accommodated however non urgent movements including some visits and trade access has been temporarily postponed. Staff are working with all relevant stakeholders to facilitate access as soon as it is considered safe to do so.

ACT Health Security Services are attempting to resolve the staff shortage as soon as practicable

A decision to refuse, postpone or limit a visit at Dhulwa is balanced with and in accordance with considerations within the *Mental Health (Secure Facilities) Act 2016*, s. 15, including:

- The benefits of the consumer maintaining contact with family, friends and others;
- The need to protect the safety of consumers, staff, and other people at Dhulwa; and
- The need for security and good order at Dhulwa.

Today's restricted access to Dhulwa is not in response to an incident at Dhulwa.

Noted [Signature] 18/8/18.

Contact Officer: Katrina Bracher
 Contact Number: 51313
 Date: [REDACTED] 2018

Can you please advise if any family or similar visits were cancelled?

A caveat brief contains succinct and factual information in dot point form that is required as a matter of urgency (does not exceed one page).

Caveat briefs sent to the Minister's Office are coordinated via the Senior Manager, Ministerial and Government Services.



CAVEAT BRIEF

Client-in-Confidence

To: Shane Rattenbury MLA, Minister for Mental Health

Through: Michael De'Ath, Interim Director-General, ACT Health / / ...

Subject: Bedroom fire (small) [REDACTED] Adult Mental Health Unit

Cleared by:

Executive Director, Mental Health, Justice Health and Alcohol & Drug Services { ___ }

Deputy Director-General, Canberra Hospital & Health Services { ___ }

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] On

activation of the fire alarm, the fire doors in the AMHU automatically disarmed


[REDACTED]

[REDACTED]

The primary role of Security Services is to ensure the safe detention and confinement of the person subject to s.309 by maintaining close visual observation at all times. Security Services lead the decision making regarding the level of detainment i.e. how many security guards are required based on a risk assessment.

A caveat brief contains succinct and factual information in dot point form that is required as a matter of urgency (does not exceed one page).

Caveat briefs sent to the Minister's Office are coordinated via the Senior Manager, Ministerial and Government Services.



No patients or staff were injured during this incident, the only damage from the fire was to the mattress in the room. The mattress has been replaced and the room is currently in use.

Contact Officer: Katrina Bracher

Contact Number: 51313

Date: 

A caveat brief contains succinct and factual information in dot point form that is required as a matter of urgency (does not exceed one page).

Caveat briefs sent to the Minister's Office are coordinated via the Senior Manager, Ministerial and Government Services.



CAVEAT BRIEF

Client-in-Confidence

To: Shane Rattenbury MLA, Minister for Mental Health
Meegan Fitzharris MLA, Minister for Health and Wellbeing

From: Michael De'Ath, Director General, ACT Health

Subject: [REDACTED] 2018 assault on a staff member by a patient person in the Adult Mental Health Unit.

Cleared by:

Executive Director, Mental Health, Justice Health and Alcohol & Drug Services { ___ }

Deputy Director-General, Canberra Hospital & Health Services { ___ }

A staff member working at the Adult Mental Health Unit (AMHU) was assaulted by a patient on both [REDACTED] 2018. Below outlines what occurred for each incident:

[REDACTED] 2018 incident

- [REDACTED]
- A notification was made to the Police at 2.44pm on [REDACTED] 2018, and Police attended the AMHU from 4.38pm to 5.50pm.
- Neither the staff member or the Nurse in Charge of the Shift made contact with the Director on Call, therefore no escalation occurred to the Executive Director at the time of the incident. This could have been a conscious decision by the AMHU staff that the matter did not require escalation, or an oversight.
- The staff member did not require medical attention and did not seek time off work.
- [REDACTED]
- The staff member completed a Staff Accident and Incident Report (SAIR) which progressed to the Workplace Safety Unit and completed a clinical Riskman which was escalated to the Assistant Director of Nursing (ADON).
- On [REDACTED] 2018, the Riskman team increased the outcome rating of the clinical Riskman, escalating the notification to the Operational Director and Executive Director's attention.
- The staff member will make a formal statement at the Woden Police Station next week when [REDACTED] ready.

[REDACTED] 2018 incident

• [REDACTED]

A caveat brief contains succinct and factual information in dot point form that is required as a matter of urgency (does not exceed one page).

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- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- At 9.03am, on [REDACTED] 2019, the Riskman was notified to the Executive Director and the Operational Director. Throughout [REDACTED] 2018, the ADON responded to both occupational violence events and supported the staff member comprehensively.
- Staff advised MHJHADS they had reported the second assault to Police, however Police do not have any record of this contact.
- There appears to be some conflicting recollection about the notification to Police of this incident.
- Both staff have been encouraged to contact Police about their assault.

Communications Implications (including Media) Dot Points:

- There were media articles in both the ABC and Canberra Times on Wednesday [REDACTED] 2018, and both articles included photos of the staff members' injuries.

Contact Officer: Katrina Bracher

Contact Number: 51313

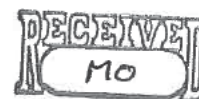
Date: [REDACTED] 2018

A caveat brief contains succinct and factual information in dot point form that is required as a matter of urgency (does not exceed one page).

Caveat briefs sent to the Minister's Office are coordinated via the Senior Manager, Ministerial and Government Services.



MINISTERIAL BRIEF



13 AUG 2018

Health Directorate

SENSITIVE

To: Minister for Mental Health

Tracking No.: MIN18/1260

CC: Minister for Health and Wellbeing

From: Karen Doran, Acting Director-General

Subject: Assaults on Staff at the Dhulwa Mental Health Unit

Critical Date: Not applicable

Critical Reason: Not applicable

- DG *g.y./D.A.S. K. Doran*
- DDG *.../.../...*

Purpose

To provide you with information regarding recent developments at Dhulwa Mental Health Unit (DMHU).

Recommendations

That you:

1. Note the information contained in this brief; and

Noted / Please Discuss

2. Agree to provide a copy of this brief to the Minister for Health and Wellbeing.

Agreed / Not Agreed / Please Discuss

Shane Rattenbury MLA

25/8/18

Minister's Office Feedback

SENSITIVE

SENSITIVE

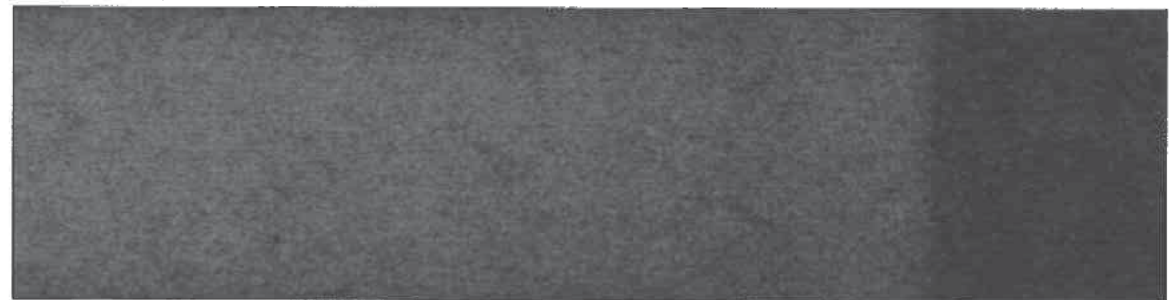
Background

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Issues****Update on the injured staff**

7. All staff have been, and will continue to be, regularly contacted and supported by the DMHU Assistant Director of Nursing.

- 8.
- 9.
- 10.
- 11.



12. As per usual Mental Health, Justice Health Alcohol and Drug Services (MHJHADS) management practice, all four staff have been offered the opportunity to return to work to an alternative workplace. To date, none of these staff have accepted this offer, but are welcome to do so at any time.

SENSITIVE

SENSITIVE

Clinical and Security Management

13.

14.

15.

16.

17.

18. This meeting was attended by the ACT Health Director of Security, Director of Workplace Safety, the MHJHADS Director of Nursing (DON) and the Operational Director Justice Health Services (JHS). The management plan has been endorsed by the treating Consultant Forensic Psychiatrist.

19.

20. Additionally, active consideration is being given to inviting the consultant who previously provided specialist advice on the design and Model of Care for Dhulwa to review the protocols and procedures relating to the facility.

Claims by ACT Branch of the Australian Nursing and Midwifery Foundation

21. On Tuesday, 31 July 2018, the ACT Branch of the Australian Nursing and Midwifery Foundation (ANMF) posted on their Facebook page 'Today ANMF reported 10 assaults on nurses at the Dhulwa Mental Health Facility. When will ACT Mental Health step up to protect the mental and physical wellbeing of its own Nurses?' with subtext 'ANMF nurses have told ACT Mental Health that the current violence management training is not fit for purpose. Nurses are being punched in the face and kicked in the head, but ACT Mental Health just isn't listening.'
22. On the morning of 1 August 2018, the following media has occurred on this matter:
- An article published by the ABC; this was updated following Minister Rattenbury's interview with ABC.
 - ABC radio interview with Mr Daniel of the ANMF; and
 - ABC radio news item.

SENSITIVE

SENSITIVE

23. The Facebook post also quoted the Executive Director, MHJHADS, as saying “[MHJHADS] dispute the claims that this training is inadequate and does not meet the need the needs of the Dhulwa.. workforce’. This quote was taken from recent correspondence to the ANMF, and has been published without appropriate context. Mr Daniel raised the issue of training during his radio interview. A copy of the correspondence is provided at Attachment B.
24. Violence Prevention Management (VPM) Training is provided to all DMHU staff and is a specialised, evidence based and endorsed training package delivered by NSW Health Services. All staff have been provided with the opportunity to complete the package with refreshers offered regularly to staff.
25. DMHU management team continue to work closely with staff to support skill development in the management of aggression and violence. DMHU have employed 2 full time Clinical Development Nurses (CDN’s) and are currently recruiting to a Clinical Nurse Educator (CNE) position to support ongoing in house training programs.
26. Personal Protective Equipment (PPE), including soft shield eye protection is available and accessible to all staff. This equipment is kept in the de-escalation unit external to the seclusion rooms and the staff station.
27. Executive management at MHJHADS Division were not approached by the ANMF about their concerns regarding recent assaults at Dhulwa prior to the Facebook post.
28. According to reports from RISKMAN, there were four (4) reports of assault against staff made in the last five weeks, including the three staff assaulted by [REDACTED] as referenced above. This contradicts Mr Daniels claims that there have been ‘10 in the last month’.
29. A meeting between the ACT ANMF and nursing staff at Dhulwa was held on 2 August 2018. The management team supported access for staff to participate in this meeting during work hours.

Financial Implications

30. Not applicable.

ConsultationInternal

31. ACT Health Work Health and Safety; ACT Health Security; MHJHADS Clinical Leadership team are actively engaged in the management of this matter.

Cross Directorate

32. Not applicable.

External

33. Not applicable.

SENSITIVE

SENSITIVE

Work Health and Safety

34.



35. The maximum response time from when a duress was raised during these assaults was 26 seconds.
36. It was recommended by Workplace Safety to continue with a Security presence on the Unit and this was agreed to.
37. ACT Health Security have agreed to look at reviewing an extra guard model longer-term.

Benefits/Sensitivities

38. The Australian Nursing Members Federation (ANMF) has been approached by members outlining the recent assaults and there has been subsequent media coverage.

Communications, media and engagement implications

39. As noted above.
40. Further televised media is expected to occur on the evening of 1 August 2018.

| | | | |
|-----------------|-----------------|--------|-------|
| Signatory Name: | Katrina Bracher | Phone: | 51313 |
| Action Officer: | Deborah Plant | Phone: | 51313 |

Attachments

| Attachment | Title |
|--------------|----------------------------|
| Attachment A | Caveat Brief |
| Attachment B | Correspondence to ACT ANMF |

SENSITIVE



CAVEAT BRIEF

Noted + discussed
[Signature]
 20/7/18

To: Shane Rattenbury MLA, Minister for Mental Health

Through: Michael De'Ath, Interim Director-General, ACT Health

Subject: Assault against staff by a patient at Dhulwa Mental Health Unit on evening of [REDACTED] 2018.

Cleared by:
Executive Director, Mental Health, Justice Health and Alcohol & Drug Services {___}
Deputy Director-General, Canberra Hospital & Health Services {___}

On the evening of Monday [REDACTED] 2018, [REDACTED] a patient at Dhulwa Mental Health Unit, was involved in two assaults.



Action taken immediately after the incidents:



The Nurses both went to the Canberra Hospital emergency department and remain on personal leave.

The AFP was contacted by DMHU security team, however did not attend.

Follow up with staff occurred on Tuesday [REDACTED] 2018, including:


- Welfare check on all nursing staff that were onsite at DMHU.
- Welfare checks on the two nurses that were assaulted last night – they are currently off work. Both nurses would like to speak with the AFP and consented for their information to be passed onto the AFP.

Follow up is being provided to DMHU patients and included:

- Senior Social worker will touch base with all of the consumers that witnessed the incident.

A caveat brief contains succinct and factual information in dot point form that is required as a matter of urgency (does not exceed one page).

Caveat briefs sent to the Minister's Office are coordinated via the Senior Manager, Ministerial and Government Services.

The welfare of staff and patients at Dhulwa is the highest priority. The Executive Director, MHJHADS, has visited Dhulwa today, [REDACTED] 2018, to support staff in dealing with these incidents.

Contact Officer: Katrina Bracher

Contact Number: 6205 1313

Date: [REDACTED] 2018

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██████████
Lead Organiser

Australian Nursing and Midwifery Federation

ACT Branch

P.O Box 4

Woden ACT 2606

Dear ██████████

Thank you for your letter concerning issues raised by members at the Dhulwa Mental Health Unit (DMHU) at which a number of matters were raised with senior management and ANMF Officials. This response has been provided based on the correspondence sent by yourself to Mr Kevin Kidd, Director of Nursing for Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS).

Consumer Leave Policy

All patients admitted to DMHU are able to access leave for the purposes of therapeutic engagement, medical appointments or to attend legal proceedings. Leave is only granted from the unit following a thorough risk assessment by the DMHU Leave Panel with clinical input provided by the treating multidisciplinary team. Formalised and evidence based forensic and clinical risk assessment tools are utilised in this process and the panel is then well placed to determine whether leave is safe and appropriate.

The panel also provides direction as to how the leave should be managed to ensure the safety of patients, staff and the community. For high risk or correctional patients, this may include the use of restraints and or security and staff escorts. For those civil patients who are considered to require a low level of therapeutic security, they may be escorted by DMHU staff, community agencies, carers, families or other responsible adults, or they may be granted unsupervised leave.

The DMHU management team including the Clinical and Operational Directors have reviewed the DMHU Leave Panel procedures. The current procedure and risk assessment processes with relation to the DMHU Leave Panel are consistent with other jurisdictions, evidence based and robust. Occasions of therapeutic leave in which no staff, or 1:1 staff escort is required, only occurs for non-custodial people participating in the rehabilitation program. Access to leave is an important and appropriate element of a person's rehabilitation journey enabling a safe and managed reintegration into the community.

It is acknowledged that staff were concerned about the safe transport and escort of patients in vehicles. The DMHU team have conducted site visits to other jurisdictions for the purposes of benchmarking and have agreed that local procedures require updating to reflect the need for two staff to be present when transporting people in Government vehicles. This includes one staff

for the purposes of driving, and another staff for the purposes of escorting the patient. Alternatively, staff are able to use taxis for those people who only require a 1:1 escort.

Transport of people in vehicles is being reviewed by the MHJHADS Work Health Safety representative rep to ensure consistency across the MHJHADS Division. Safe escort procedures are also being incorporated local DMHU training and orientation programs and will be monitored by the CDN's and CNE.

Staff have been strongly encouraged to address all issues of concern relating to escorts and patient transports to the MDT or DMHU management team, highlighting issues of safety, deteriorating patient or clinical concerns that require escalation.

The DMHU Leave Procedure is being updated to ensure greater clarification for staff and reflect the amendments requires for the safe transport of people in Government vehicles. This review is currently being attended to and this procedure will be circulated to all DMHU staff for comment and consultation as part of this process. In the interim, email directives have been sent to all staff to advise them of the appropriate management of patient escorts, including the transport of patients in vehicles. These issues are also regularly tabled in local and program meetings and monitored through the Divisional Workplace Safety Committee.

Access to Metal Cutlery

A local workplace safety meeting was held on 23 March 2018 involving the DMHU management team and DMHU, MHJHADS and ACT Health Workplace Safety representation to discuss the use of metal cutlery in DMHU. It was noted that there have been previous reviews since the units commissioning in November 2016 to consider this issue, resulting in extensive benchmarking activities against other jurisdictions. It was acknowledged that previous findings recognised that metal cutlery is often preferred because it's harder to conceal rigid metal utensil, metal is detectable and it's harder to refine a metal object into a concealable shiv compared to plastic.

Concerns were raised as to the size of the forks and that smaller alternatives were used in other jurisdictions (e.g. NZ). DMHU Workplace Safety representatives felt that the forks were unnecessarily large. The group agreed that metal cutlery was the most appropriate option however consideration should be given to the size and style of the cutlery, in particular the forks. Concern over the style and size of the forks was acknowledged by the management team and it was agreed that they will be replaced when a suitable alternative is identified.

The management of cutlery is clearly proceduralised within the *DMHU Safety and Security During Meal Times Operational Procedure*. This procedure provides staff with the necessary information to ensure a safe and secure environment during meal times including the effective control and management of cutlery and utensils. This procedure also refers to the use of appropriate alternatives for people who are deemed high risk, including the provision of finger foods etc.

The group also agreed that a flexible approach should be taken based on the milieu of the unit and influenced by patient acuity, with plastic cutlery being one option in certain situations. The DMHU management team have purchased forks with smaller prongs and they are now in use on the unit.

The DMHU management team support contemporary practice and individualised models of care which consider the:

- The implementation of physical and procedural security measures
- The focus on scrutinizing items such as cutlery should include the assessment of dynamic and static clinical risk factors to assist in identifying those people at risk of harm to themselves or others when admitted to Dhulwa.

The management of these risk factors must also be heavily weighted towards robust relational security measures. While the secure health care environment must remain safe, it should also not be stripped back to the point where people are made to feel as though they are subject to a punitive custodial setting which is dehumanizing and counter-therapeutic. It must be balanced. This has particular importance for those admitted to Dhulwa for long periods of time.

Violence Prevention Management (VPM) Training and Personal Protective Equipment (PPE)

VPM training is a specialised, evidence based and endorsed training package delivered by NSW Health services to all members of the DMHU team. This training is adopted across a number of other jurisdictions. MHJHADS dispute the claims that this training is inadequate and does not meet the needs of the DMHU workforce. All staff have been provided opportunity to complete the training at the time of their commencement in DMHU or shortly thereafter. This package is offered regularly to staff, including refresher training.

DMHU management team continue to work closely with staff to support skill development in the management of aggression and violence. DMHU have employed 2 full time Clinical Development Nurses (CDN's) and are currently recruiting to a Clinical Nurse Educator (CNE) position to support ongoing in house training programs.

PPE, including soft shield eye protection is available and accessible to all staff. This equipment is kept in the de-escalation of the unit external to the seclusion rooms and the staff station.

In the extreme circumstances requiring high level of personal protection, it is likely that the situation should be escalated to police e.g. when a patient is barricaded into a room, brandishing of a weapon etc.

Distance between Seclusion Rooms and Main Facility

The seclusion rooms sit within the de-escalation suite adjacent to the acute unit of DMHU. This area is kept locked and separated from the general area of the unit to provide a secure and quiet space for clinical de-escalation. This is consistent with other inpatient mental health units. The transfer of patients into this area following a psychiatric emergency would be coordinated and controlled and under certain circumstances, staff and security would employ VPM restraint techniques to provide a safe escort of the patient through to this area.

Staff have been offered the opportunity to rotate through the Adult Mental Health Unit (AMHU) HDU for increased exposure to high acuity clinical environments, de-escalation techniques and the operational management of the de-escalation space and seclusion rooms.

The Operational Management of the de-escalation area, seclusion rooms and the implementation of clinical de-escalation processes is being updated within the DMHU operational procedures and this will be circulated to all staff for comment and consultation prior to endorsement.

Consumer Pat Down

Review of the *DMHU Search Procedure* was conducted by DMHU management team. The procedure specifically states the staff conducting a pat down search must be an Authorised Health Professional (AHPRA registered) or Security Officer. This includes nursing and some allied health staff. The procedure recommends the person conducting the search should be of the same sex however also allows for the occasion when this cannot be accommodated stating "another person of the same sex or a sex nominated by the consumer must be in the room while the search is conducted". This scenario can easily be managed operationally within the current staff profile.

Other Matters

Concern relating to the staff directive sent by the DMHU ADON was raised at a meeting held at DMHU on 17 May 2018 which included staff and ANMF representation. At this time the ADON accepted this concern, clarified it was not the intention for staff to feel as though their clinical judgement was in question, and a direct apology was provided.

Workplace safety issues are discussed regularly at the team level through monthly staff meetings. No local meetings have been cancelled in recent months. DMHU workplace safety issues are further monitored through the Justice Health Services (JHS) monthly program meeting. There was no meeting held in May 2018 due to a lack of quorum. This was the only meeting cancelled in 2018. Any existing issues were tabled and reviewed in the June 2018 meeting and also the MHJHADS Divisional WPS meetings which are held quarterly.

DMHU has three workplace safety representatives who are all invited to local, Program and Divisional meetings. They are also encouraged to bring any issues to the attention of the management team as they arise. Formal reports are provided by these representatives monthly. No additional issues have been raised through these reports other than those included in this correspondence.

Yours sincerely



Katrina Bracher
Executive Director
Mental Health, Justice Health and Alcohol & Drug Services

// July 2018



MINISTERIAL BRIEF

RECEIVED
MO
3 - SEP 2018

UNCLASSIFIED

To: Minister for Mental Health

Tracking No.: MIN18/1373

From: Michael De'Ath, Interim Director-General

Subject: Update of Dhulwa and the Extended Care Unit

Critical Date: Not applicable

Critical Reason: Not applicable

- DG .../.../...
- DDG .../.../...

Purpose

This brief is to provide you with an update on Dhulwa Stage 2, the recent assaults and to provide information about the patient journey through Dhulwa Mental Health Unit (Dhulwa) to the Extended Care Unit (ECU).

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

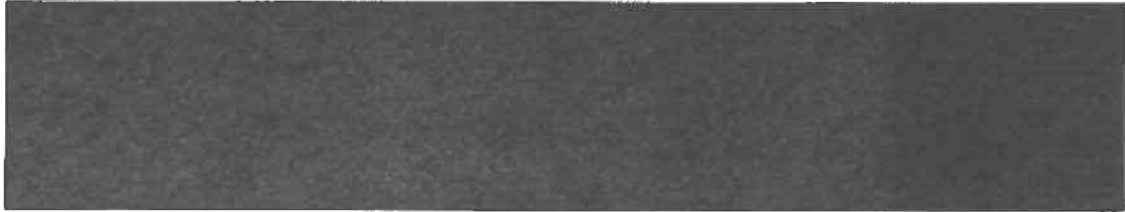
Shane Rattenbury MLA

Minister's Office Feedback

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Background

1. Dhulwa is a 25 bed secure mental health facility. In November 2016, Dhulwa was opened and 10 beds were commissioned in the acute wing of the unit. Dhulwa Stage 2 was commissioned on 29 May 2018 with the opening of 7 rehabilitation beds.
2. 
3. Referrals for admission to Dhulwa are accepted for people subject to correctional orders who are transferred from the Alexander Maconochie Centre, forensic patients defined as those found not guilty of a crime due to reason of mental illness, and civil patients presenting with complex, acute or enduring mental health conditions with associated high risk behaviors and who are unable to be treated within a less restricted environment. ECU accepts forensic patients and complex civil patients who continue to require a monitored, low level of therapeutic security as they prepare for community placement.
4. You have been previously briefed on a number of matters relating to Dhulwa and ECU, at Attachment A.

Issues



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Recent Assaults on Staff at Dhulwa

12. In July 2018 a person admitted to Dhulwa, [REDACTED] seriously assaulted nursing staff. A briefing was prepared for the Minister for Mental Health after these assaults (Attachment B).

13.

14. As per usual MHJHADS management practice, all three staff have been offered the opportunity to return to an alternative workplace. To date, none of these staff have accepted this offer.

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Financial Implications

20. Not applicable.

ConsultationInternal

21. MHJHADS clinical areas.

Cross Directorate

22. Not applicable.

External

23. Not applicable.

Benefits/Sensitivities

24. Not applicable.

Media Implications

25. Not applicable.

Signatory Name: Katrina Bracher

Phone: 51313

Action Officer: Deb Plant

Phone: 79348

Attachments

| Attachment | Title |
|--------------|--|
| Attachment A | MIN18/343 – Stage 2 – Dhulwa Mental Health Unit Recruitment and opening of rehabilitation beds |
| Attachment B | Caveat - Dhulwa Assaults |

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CAVEAT BRIEF

Noted + discussed
[Signature]
 20/7/18

To: Shane Rattenbury M.L.A., Minister for Mental Health

Through: Michael De'Ath, Interim Director-General, ACT Health

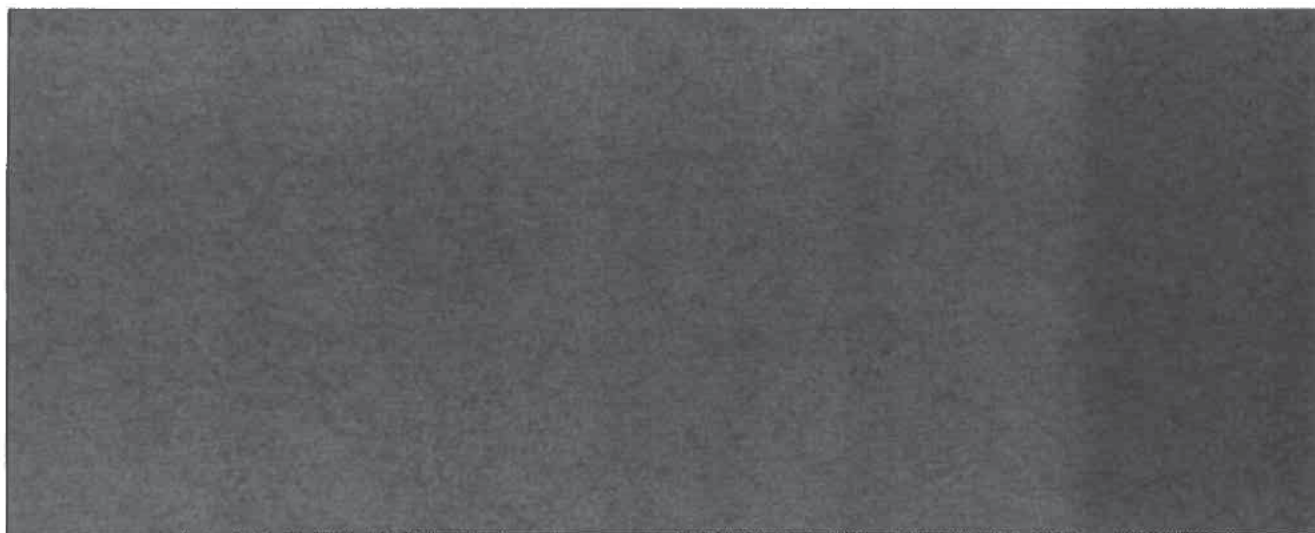
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Contact Officer: Katrina Bracher

Contact Number: 6205 1313

Date: [REDACTED] 2018

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Staff Incident ID: 720645

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

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

Is this a Student/Volunteer Incident?:
Is this a contractor incident?: No
Details of Other:
Has the ACT Health Contractor Induction been completed?: No
Incident Type (Hazard, Incident): Incident
Incident Date: [Redacted]
Notification Date: [Redacted]
Total days to report (days): 0.1

Contractor Company:
Induction Date:
Has a staff injury been sustained?: Yes
Incident Time: 10:21
Notification Time: 12:50
Work Start Time: 08:24

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

Incident Outline: Staff member assaulted by patient.
Body Part Affected: Back Neck
Left Front Shoulder
Psychological
Body Part Most Affected: Left Front Shoulder

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

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

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

Mainet Number:

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

Value of medical expenses:

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

Do you have experience in performing this task?: Yes
Experience (years): 12
Training recieved: Vocational/task-specific training

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

Details of PPE used: None

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

Were there any witnesses?: Yes
Witness #1 Name: Dr.Araki -Registrar
Witness #2 Name: Rachel -RN
Witness #3 Name:

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

Does the incident involve Violence/Aggression/Discrimination or Bullying/Harassment?: Yes
 Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression 414

Who was involved? (ie. source): Patient/Client/Consumer
 Form of violence/aggression or bullying/harassment: Physical
 Details of Other:

Discrimination Involved (i.e. source)?: Patient/Client/Consumer
 Alleged form of discrimination: Patient/Client/Consumer
 Details of Other (discrimination):
 Details of Other (alleged form):

Has this happened before (reoccurrence)? No
 Name of alleged perpetrator: [REDACTED] URN: [REDACTED]
 Gender of alleged perpetrator: Male
 Details of other gender:

Physical Location: Adult Mental Health Unit (AMHU)
 Employment Status: Temporary Full-Time
 Hours worked per week: 38 Hrs
 Work Unit: HCNAB
 Other hours worked:
 Division: Mental & Justice Health, Alcohol & Drug Services
 Sub Section: Adult Mental Health Unit (AMHU)

Section: Adult Acute Mental Health Services
 Are you a shift worker?: No
 How many hours have you worked this shift?:
 Standard or rotating work:
 Manager name: Helen Braun
 Intended length of shift:
 Manager phone: 45405

The reporter is: The person affected by the incident
 Reporter's Name: [REDACTED] Reporter's Position: [REDACTED]
 Details of other (position):

Provide a thorough investigation of the incident: ADON and Clinical Director currently on leave, so the SAIR has not been followed up. I have asked the staff member for an update on their recovery and asked them to speak with their line manager for ongoing support as necessary. Update 15/01/18 - I have spoken with the staff member today (15 January 2018 about the incident). [REDACTED]
 [REDACTED]

Who completed the investigation?: Helen Braun
 Review Date: 11 January 2018

What control measures have been put in place?: [REDACTED] Staff member is a VMO and therefore not PART trained. Situational, relational and environmental safety is discussed regularly at the AMHU.

Managers Additional comments:

Was there a Dangerous Substance involved in the incident?: No
 Name of the Dangerous Substance:
 How much of the Dangerous Substance was involved?:
 Was the site preserved?: No

Is this a WorkSafe ACT Notifiable Incident?: No
 WorkSafe ACT Notification Date:
 WorkSafe ACT Notification Method:
 Persons Position:

Name of the person who notified:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 Police Notification Time:
 Police Job Number:

De-Identified Information:

Classification

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

Outcome: Moderate
 Risk Rating: M
 Potential Risk Rating:
 NIR Attached: No

Notifiable Incident: No
 Serious Injury or Illness:
 Dangerous Incident:
 Investigation/Findings adequate?: Yes
 Control hierarchy: Administrative Controls

Controls adequate report: Yes
 Security Related Incident: No

Needlestick/sharp/splash/scratch/bite Incident: No
 Property Management & Maintenance: No
 Cleaning/Waste Environmental: No

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

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

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

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

Date Initial Report Submitted:

Date Interim Report Submitted:

Date Final Report Submitted:

Journal Entries