

Date/Time

Journal Entry

Reference

416

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

02 Jan 18 13:44:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

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

Thank you for your assistance.

Actioned: Yes

Linked Document Path:

Mail Sent On:

09 Jan 18

Documents

No Attached Documents.

- End of Record -

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

First Name: [REDACTED] Surname: [REDACTED]

Gender: Female Age: [REDACTED]

Date of Birth: [REDACTED]

Contact Number: [REDACTED]

Job Title: [REDACTED]

Is this a Student/Volunteer Incident?: [REDACTED]

Is this a contractor incident?: No Contractor Company: [REDACTED]

Details of Other: [REDACTED]

Has the ACT Health Contractor Induction been completed?: No Induction Date: [REDACTED]

Incident Type (Hazard Incident): Incident Has a staff injury been sustained?: Yes

Incident Date: [REDACTED] Incident Time: 16:00

Notification Date: [REDACTED] Notification Time: 16:20

Total days to report (days): 0 Work Start Time: [REDACTED]

Provide a brief Summary of the incident?: Consumer hit nurse

Provide more details of the incident?: [REDACTED]

Incident Outline: Staff member physically assaulted by patient.

Body Part Affected: Left Back Of Head

Body Part Most Affected: Left Back Of Head

Has this incident also affected your psychological wellbeing?: [REDACTED]

Has this incident affected your work?: Yes How much time was lost: Minor injury or illness - no lost time

Has the incident caused any impacts on service delivery?: No Type of impact: [REDACTED]

Was there any plant/equipment involved?: No

Provide Details: [REDACTED]

Plant Asset/Serial Number: [REDACTED]

Has a mainet been submitted?: No

Mainet Date: [REDACTED] Mainet Number: [REDACTED]

Treatment Required: No

Treatment given: [REDACTED]

Details of Other (Treatment): [REDACTED]

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No Value of medical expenses: [REDACTED]

Is a return to work plan required?: [REDACTED]

Details (Return to work): [REDACTED]

What task was being performed at the time of the incident?: [REDACTED]

Incident related to the task?: No Do you have experience in performing this task?: No

Experience (months): [REDACTED] Experience (years): [REDACTED]

Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No Training recieved: [REDACTED]

Details of Other Training: [REDACTED]

Was personal protective equipment being worn?: Not Applicable Details of PPE used: None

Other PPE Details: [REDACTED]

Were there any witnesses?: No

Witness #1 Name: [REDACTED] Witness # 1 Phone: [REDACTED]

Witness #2 Name: [REDACTED] Witness # 2 Phone: [REDACTED]

Witness #3 Name: [REDACTED] Witness #3 Phone: [REDACTED]

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

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

Form of violence/aggression or bullying/harassment: Physical Details of Other: [REDACTED]

Discrimination Involved (i.e. source?): [REDACTED] Details of Other (discrimination): [REDACTED]

Alleged form of discrimination: [REDACTED] Details of Other (alleged form): [REDACTED]

Has this happened before (reoccurrence?): No

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

Gender of alleged perpetrator: Female Details of other gender:

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status:

Hours worked per week: Work Unit: HCNAB Other hours worked: Division: Mental & Justice Health, Alcohol & Drug Services

Section: Adult Acute Mental Health Services Sub Section: Adult Mental Health Unit (AMHU)

Are you a shift worker?: No

How many hours have you worked this shift?: Start time:

Standard or rotating work: Intended length of shift: Manager name: Kelly Chase Manager phone: 61745452

The reporter is: The person affected by the incident

Reporter's Name: [REDACTED] Reporter's Position: Registered Nurse / Midwife

Details of other (position): [REDACTED]

Provide a thorough investigation of the incident: [REDACTED] No medical intervention required. Advised of EAP.

Who completed the investigation?: Kelly Chase Review Date: 18 January 2018

What control measures have been put in place?: P/C follow up with staff member. Discussed PART training as staff member not PART trained. Ongoing staff education around risk assessment and environment awareness.

Managers Additional comments:

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

Name of the Dangerous Substance: How much of the Dangerous Substance was involved?:

Is this a WorkSafe ACT Notifiable Incident?: No Was the site preserved?: No

WorkSafe ACT Notification Date: WorkSafe ACT Notification Method: Persons Position:

Name of the person who notified:

Name of inspector spoken to: Deceased: No

Police Notified?: No

Police Notification Date: Police Notification Time:

Name of Officer Notified: Police Job Number:

De-Identified Information:

Classification

CMD Status: Transfer

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

Outcome: Minor

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

Notifiable Incident: No

Serious Injury or Illness: Dangerous Incident:

Investigation/Findings adequate?: Yes

Controls adequate report: Yes Control hierarchy: Administrative Controls

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

Property Management & Maintenance: No Cleaning/Waste Environmental: No

Fire/Emergency/Evacuations/Parking/Fleet: No Food Services: No

Bio-Medical: No Radiation/Medical Physics: No

Sterilising: No Infection Control: No

Significant Incident Level: Significant Incident Type:

SI Details:

Has an Occupational Risk Exposure (ORE) Occurred?: No

Is this a Dangerous Substances Related?: No

What was the nature of the potential Dangerous Substances exposure?:

What was the route of potential exposure?:
 Is the substance a restricted or prohibited substance?: No
 Is there an occupational threshold associated with this substance?: No
 Does this substance require health monitoring?: No

Details of other:

419

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities :

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical Review/Investigation Status:

Interim ongoing action still required:

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical Review/Investigation Status:

Final ongoing action still required:

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

Journal Entries

<u>Date/Time</u>	<u>Journal Entry</u>	<u>Reference</u>	<u>Cost</u>
Journal Type:	Action Taken		
Created by:	Reviewer 2, Workplace Safety		
11 Jan 18 10:09:00	DO NOT REPLY TO THIS AUTO GENERATED EMAIL		
	<p>You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).</p> <p>Please complete the required fields in the 'ORANGE' Managers section</p> <ol style="list-style-type: none"> 1. Provide a thorough investigation of the incident 2. Review Date 3. What control measures have been put in place? <p>For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au</p> <p>Thank you for your assistance.</p>		
	Actioned: Yes	Mail Sent On:	18 Jan 18
	Linked Document Path:		

Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED]
First Name: [REDACTED]
Gender: Female
Date of Birth: [REDACTED]
Contact Number: [REDACTED]
Job Title: registered nurse

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

Is this a Student/Volunteer Incident?:
Is this a contractor incident?: No
Details of Other:

Contractor Company:

Has the ACT Health Contractor Induction been completed?: No
Incident Type (Hazard, Incident): Incident
Incident Date: [REDACTED]
Notification Date: [REDACTED]
Total days to report (days): 0.2

Induction Date:
Has a staff injury been sustained?: Yes
Incident Time: 17:20
Notification Time: 21:11
Work Start Time: 14:32

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

Provide more details of the incident?:
Front left arm

Incident Outline: Staff member physically assaulted by consumer who grabbed staff members arms and attempted to pull them into room.

Body Part Affected: Front Left Lower Arm
Front Left Upper Arm

Body Part Most Affected: Front Left Upper Arm

Has this incident also affected your psychological wellbeing?:
Has this incident affected your work?: Yes

How much time was lost: Minor injury or illness - no lost time

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

Type of impact:

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Mainet Number:

Treatment Required: Yes

Treatment given: First aid or alternative treatment
Other

Details of Other (Treatment): Panadol

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No

Value of medical expenses:

Is a return to work plan required?:

Details (Return to work):

What task was being performed at the time of the incident?: [REDACTED]

Incident related to the task?: Yes

Do you have experience in performing this task?: Yes

Experience (months): 4

Experience (years):

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

Training recieved: Other training

Details of Other Training:

Was personal protective equipment being worn?: No

Details of PPE used: None

Other PPE Details:

Were there any witnesses?: No

Witness #1 Name:

Witness # 1 Phone:

Witness #2 Name:

Witness # 2 Phone:

Witness #3 Name:

Witness #3 Phone:

Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes
 Who was involved? (ie. source): Patient/Client/Consumer
 Form of violence/aggression or bullying/harassment: Physical
 Discrimination Involved (i.e. source)?:
 Alleged form of discrimination:
 Has this happened before (reoccurrence)? No
 Name of alleged perpetrator: [Redacted]
 Gender of alleged perpetrator: Male
 Physical Location: Adult Mental Health Unit (AMHU)
 Employment Status: Casual Full-Time
 Hours worked per week: 36 Hrs 45 Mins
 Work Unit: HCNAB
 Section: Adult Acute Mental Health Services
 Are you a shift worker?: Yes
 How many hours have you worked this shift?: 2
 Standard or rotating work: Component or rotating shift work arrangement
 Manager name: Shaun Bayliss
 The reporter is: Supervisor of the affected staff member
 Reporter's Name: [Redacted]

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

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

URN: [Redacted]
 Details of other gender:
 Other hours worked:
 Division: Mental & Justice Health, Alcohol & Drug Services
 Sub Section: Adult Mental Health Unit (AMHU)
 Start time:
 Intended length of shift: Shift duration of up to and including 8 hrs
 Manager phone: 0261745414
 Reporter's Position: Registered Nurse / Midwife

Provide a thorough investigation of the incident:

[Redacted]

Staff member used PART technique. [Redacted] Identified that they needed to keep more space in this situation. Denies any injury as a result.

Who completed the investigation?: Kelly Chase Review Date: 15 January 2018

What control measures have been put in place?: Staff PART trained. Discussion and education around maintaining safe distances.

Managers Additional comments:
 Was there a Dangerous Substance involved in the incident?: No
 Name of the Dangerous Substance:
 Is this a WorkSafe ACT Notifiable Incident?: No
 WorkSafe ACT Notification Date:

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

WorkSafe ACT Notification Method:
 Persons Position:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

Police Notification Time:

Police Job Number:

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons

Outcome: Minor

Risk Rating: M

Potential Risk Rating:

Notifiable Incident: No

NIR Attached: No

Serious Injury or Illness:

Dangerous Incident:

Investigation/Findings adequate?: Yes

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

Control hierarchy: Administrative Control
 Security Related Incident: No
 Cleaning/Waste Environmental: No
 Food Services: No
 Radiation/Medical Physics: No
 Infection Control: No
 Significant Incident Type:

Details of other:
 Details:
 Details Threshold:
 Details Monitoring:

Significant Incident Details

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

Date Initial Report Submitted:
 Date Interim Report Submitted:
 Date Final Report Submitted:

Journal Entries

Date/Time

Journal Entry

Reference

423

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

15 Jan 18 09:49:00

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

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

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

Thank you for your assistance.

Actioned: Yes

Linked Document Path:

Mail Sent On:

Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED]
First Name: [REDACTED]
Gender: Male
Date of Birth: [REDACTED]
Contact Number: [REDACTED]
Job Title: enrolled nurse

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

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

Contractor Company:
Induction Date:
Has a staff injury been sustained?: Yes
Incident Time: 19:10
Notification Time: 20:35
Work Start Time: 13:30

Provide more details of the incident?:
[REDACTED]

Incident Outline: Staff member assaulted by consumer.

Body Part Affected: Left Ear
Psychological
Body Part Most Affected: Psychological

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

How much time was lost: Minor injury or illness - no lost time
Type of impact:

Provide Details:
Plant Asset/Serial Number:
Has a mainet been submitted?: No
Mainet Date:
Treatment Required: No
Treatment given:
Details of Other (Treatment):
Has your HSR been notified?: No
Is a claim for workers compensation required?: No
Have medical expenses occurred or likely?: No
Is a return to work plan required?:
Details (Return to work):

Mainet Number:

What task was being performed at the time of the incident?: [REDACTED]
Incident related to the task?: Yes

Value of medical expenses:

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

Do you have experience in performing this task?: Yes
Experience (years): 4
Training recieved: Other training

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

Details of PPE used: None

Were there any witnesses?: Yes
Witness #1 Name:
Witness #2 Name:
Witness #3 Name:

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

Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes
 Who was involved? (ie. source): Patient/Client/Consumer
 Form of violence/aggression or bullying/harassment: Physical
 Discrimination Involved (i.e. source)?:
 Alleged form of discrimination:
 Has this happened before (reoccurrence)? No
 Name of alleged perpetrator:
 Gender of alleged perpetrator: Male
 Physical Location: Adult Mental Health Unit (AMHU)
 Employment Status: Permanent Full-Time
 Hours worked per week: 38 Hrs
 Work Unit: HCNAB
 Section: Adult Acute Mental Health Services
 Are you a shift worker?: Yes
 How many hours have you worked this shift?: 7
 Standard or rotating work: Component or rotating shift work arrangement
 Manager name: Leanne Done
 The reporter is:: The person affected by the incident
 Reporter's Name:

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression
 Details of Other:
 Details of Other (discrimination):
 Details of Other (alleged form):
 URN:
 Details of other gender:
 Other hours worked:
 Division: Mental & Justice Health, Alcohol & Drug Services
 Sub Section: Adult Mental Health Unit (AMHU)
 Start time:
 Intended length of shift: Shift duration of up to and including 8 hrs
 Manager phone: 45406
 Reporter's Position: Enrolled Nurse

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

[Redacted text block]

Who completed the investigation?: Kelly Chase
 Review Date: 16 January 2018

What control measures have been put in place?: Staff PART training.
 Staff member advised to contact EAP. AFP notified, staff member does not wish to give statement at this time.

Managers Additional comments:

Was there a Dangerous Substance involved in the incident?: No
 Name of the Dangerous Substance:
 Is this a WorkSafe ACT Notifiable Incident?: No
 WorkSafe ACT Notification Date:
 How much of the Dangerous Substance was involved?:
 Was the site preserved?: No

Name of the person who notified:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information:
 WorkSafe ACT Notification Method:
 Persons Position:

Police Notification Time:
 Police Job Number:

Classification

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

Outcome:	Minor	Potential Risk Rating:	
Risk Rating:	M	NIR Attached:	No
Notifiable Incident:	No	Control hierarchy:	Administrative Controls
Serious Injury or Illness:		Security Related Incident:	No
Dangerous Incident:		Cleaning/Waste Environmental:	No
Investigation/Findings adequate?:	Yes	Food Services:	No
Controls adequate report:	Yes	Radiation/Medical Physics:	No
Needlestick/sharp/splash/scratch/bite Incident:	No	Infection Control:	No
Property Management & Maintenance:	No	Significant Incident Type:	
Fire/Emergency/Evacuations/Parking/Fleet:	No		
Bio-Medical:	No	Details of other:	
Sterilising:	No	Details:	
Significant Incident Level:		Details Threshold:	
SI Details:		Details Monitoring:	
Has an Occupational Risk Exposure (ORE) Occurred?:	No		
Is this a Dangerous Substances Related?:	No		
What was the nature of the potential Dangerous Substances exposure?:			
What was the route of potential exposure?:			
Is the substance a restricted or prohibited substance?:	No		
Is there an occupational threshold associated with this substance?:	No		
Does this substance requiring health monitoring?:	No		

Significant Incident Details

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

Journal Entries

Date/Time

Journal Entry

Reference

427

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

16 Jan 18 09:42:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

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

Thank you for your assistance.

Actioned: Yes

Mail Sent On:

Linked Document Path:

Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED]
First Name: [REDACTED]
Gender: Male
Date of Birth: [REDACTED]
Contact Number: [REDACTED]
Job Title: Enrolled Nurse

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

Is this a Student/Volunteer Incident?:
Is this a contractor incident?: No
Details of Other:

Contractor Company:

Has the ACT Health Contractor Induction been completed?: No
Incident Type (Hazard, Incident): Incident

Induction Date:
Has a staff injury been sustained?: Yes

Incident Date: [REDACTED]
Notification Date: [REDACTED]
Total days to report (days): 1.6

Incident Time: 00:00
Notification Time: 13:54
Work Start Time:

Provide a brief Summary of the incident?: physical assault

Provide more details of the incident?:

[REDACTED]

Incident Outline: Staff member physically assaulted by consumer.

Body Part Affected: Left Ear
Psychological
Body Part Most Affected: Psychological

Has this incident also affected your psychological wellbeing?:
Has this incident affected your work?: Yes

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

Has the incident caused any impacts on service delivery?: Yes

Type of impact: More than 1 day of service interruption

Was there any plant/equipment involved?: No

Provide Details:

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

Mainet Number:

Mainet Date:
Treatment Required: Yes
Treatment given: Doctor
Employee assistance program

Details of Other (Treatment):
Has your HSR been notified?: No
Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No

Value of medical expenses:

Is a return to work plan required?: No

Details (Return to work):

What task was being performed at the time of the incident?: [REDACTED]

Do you have experience in performing this task?: Yes

Incident related to the task?: Yes

Experience (months):

Experience (years): 4

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

Training recieved: Vocational/task-specific training

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

Details of PPE used: None

Were there any witnesses?: No

Witness #1 Name:
 Witness #2 Name:
 Witness #3 Name:
 Does the incident involve Yes
 claimed
 Violence/Aggression/Discriminat
 ion or Bullying/Harassment?:
 Who was involved? (ie. source): Patient/Client/Consumer
 Form of violence/aggression or Physical
 bullying/harassment:
 Discrimination Involved (i.e. source?):
 Alleged form of discrimination:
 Has this happened before No
 (reoccurrence?):
 Name of alleged perpetrator: [REDACTED]
 Gender of alleged perpetrator: Male
 Physical Location: Adult Mental Health Unit
 (AMHU)
 Employment Status: Permanent Full-Time
 Hours worked per week: 38 Hrs
 Work Unit: HCNAB
 Section: Adult Acute Mental Health
 Services
 Are you a shift worker?: Yes
 How many hours have you 7
 worked this shift?:
 Standard or rotating work: Component or rotating shift
 work arrangement
 Manager name: Leanne Done
 The reporter is:: The person affected by the
 incident
 Reporter's Name: [REDACTED]
 Details of other (position):
 Provide a thorough investigation This is a repeat incident report with updated details. No further investigation is required Refer to ID
 of the incident: 723965.
 Who completed the Philip Hoyle
 investigation?:
 What control measures have [REDACTED]
 been put in place?: [REDACTED] The member of staff has not returned to work since the
 incident. follow-up being provided by AMHU NUM.
 Managers Additional comments:
 Was there a Dangerous No
 Substance involved in the
 incident?:
 Name of the Dangerous
 Substance:
 Is this a WorkSafe ACT No
 Notifiable Incident?:
 WorkSafe ACT Notification Date:
 Name of the person who
 notified:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information:

Witness # 1 Phone:
 Witness # 2 Phone:
 Witness #3 Phone:
 Type of claimed Violence/Aggression
 Violence/Aggression/Bullying/Ha
 rassment/Discrimination:
 Details of Other:
 Details of Other
 (discrimination):
 Details of Other (alleged form):
 URN: [REDACTED]
 Details of other gender:
 Other hours worked:
 Division: Mental & Justice Health, Alcohol &
 Drug Services
 Sub Section: Adult Mental Health Unit (AMHU)
 Start time:
 Intended length of shift:
 Manager phone: 45406
 Reporter's Position: Enrolled Nurse
 Review Date: 23 January 2018

Classification

CMD Status: Transfer
 Mechanism of Incident: GROUP 2 - Being hit by moving
 objects
 Outcome: Moderate
 Risk Rating: M
 Notifiable Incident: No
 Serious Injury or Illness:
 Dangerous Incident:
 Investigation/Findings Yes
 adequate?:
 Controls adequate report: Yes
 Needlestick/sharp/splash/scratc No
 h/bite Incident:
 Property Management & No
 Maintenance:

Subcategory of Mechanism of 29 Being assaulted by a person
 Incident : or persons
 Potential Risk Rating:
 NIR Attached: No
 Control hierarchy: Administrative Controls
 Security Related Incident: 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

Date/Time

Journal Entry

Reference

431

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

16 Jan 18 15:56:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

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

Thank you for your assistance.

Actioned: Yes

Mail Sent On:

23 Jan 18

Linked Document Path:

Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED] Related Incident ID:
First Name: [REDACTED] Surname: [REDACTED]
Gender: Male
Date of Birth: [REDACTED] Age: [REDACTED]
Contact Number: [REDACTED]
Job Title: Allied Health Assistant

Is this a Student/Volunteer Incident?:
Is this a contractor incident?: No Contractor Company:
Details of Other:
Has the ACT Health Contractor Induction been completed?: No Induction Date:
Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: No
Incident Date: [REDACTED] Incident Time: 14:08
Notification Date: [REDACTED] Notification Time: 14:50
Total days to report (days): 0 Work Start Time:
Provide a brief Summary of the incident?: [REDACTED]
Provide more details of the incident?: [REDACTED]

Incident Outline: Staff member slapped by consumer.
Body Part Affected: Back Left Upper Arm
Body Part Most Affected: Back Left Upper Arm

Has this incident also affected your psychological wellbeing?:
Has this incident affected your work?: Yes How much time was lost: Minor injury or illness - no lost time
Type of impact:
Has the incident caused any impacts on service delivery?: No
Was there any plant/equipment involved?: No
Provide Details:
Plant Asset/Serial Number:
Has a mainet been submitted?: No Mainet Number:
Mainet Date:
Treatment Required: No
Treatment given:
Details of Other (Treatment):
Has your HSR been notified?: No
Is a claim for workers compensation required?: No
Have medical expenses occurred or likely?: No Value of medical expenses:
Is a return to work plan required?:
Details (Return to work):
What task was being performed at the time of the incident?: [REDACTED]
Incident related to the task?: Yes Do you have experience in performing this task?: No
Experience (months):
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No Experience (years):
Training recieved:
Details of Other Training:
Was personal protective equipment being worn?: Yes Details of PPE used: Other
Other PPE Details: Duress
Were there any witnesses?: Yes
Witness #1 Name: Cameron Blaseotto Witness # 1 Phone:
Witness #2 Name: Witness # 2 Phone:
Witness #3 Name: Witness #3 Phone:

Does the Incident involve Violence/Aggression/Discrimination or Bullying/Harassment?: Yes
 Who was involved? (ie. source): Patient/Client/Consumer
 Form of violence/aggression or bullying/harassment: Physical
 Discrimination Involved (i.e. source)?:
 Alleged form of discrimination:
 Has this happened before (reoccurrence)? No
 Name of alleged perpetrator: [REDACTED]
 Gender of alleged perpetrator:
 Physical Location: Adult Mental Health Unit (AMHU)
 Employment Status:
 Hours worked per week:
 Work Unit: HCNAB
 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: Leanne Done
 The reporter is: The person affected by the incident
 Reporter's Name: [REDACTED]
 Details of other (position):
 Provide a thorough investigation of the incident: De-identified for patient confidentiality
 Who completed the investigation?: Philip Hoyle
 What control measures have been put in place?: De-identified for patient confidentiality
 Managers Additional comments:
 Was there a Dangerous Substance involved in the incident?: No
 Name of the Dangerous Substance:
 Is this a WorkSafe ACT Notifiable Incident?: No
 WorkSafe ACT Notification Date:
 Name of the person who notified:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information: [REDACTED]

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression
 Details of Other:
 Details of Other (discrimination):
 Details of Other (alleged form):
 URN:
 Details of other gender:
 Other hours worked:
 Division: Mental & Justice Health, Alcohol & Drug Services
 Sub Section: Adult Mental Health Unit (AMHU)
 Start time:
 Intended length of shift:
 Manager phone: 61745455
 Reporter's Position: Manager
 Review Date: 19 January 2018
 How much of the Dangerous Substance was involved?:
 Was the site preserved?: No
 WorkSafe ACT Notification Method:
 Persons Position:
 Police Notification Time:
 Police Job Number:

Controls: Staff member has been approached in relation to consideration of appropriate communication skills in dealing with unwanted or inappropriate physical and verbal interactions. [REDACTED]
 [REDACTED]
 EAP offered to staff.

Classification

CMD Status: Transfer
 Mechanism of Incident: GROUP 2 - Being hit by moving objects
 Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons
 Outcome: Insignificant
 Risk Rating: M
 Potential Risk Rating:
 Notifiable Incident: No
 NIR Attached: No
 Serious Injury or Illness:
 Dangerous Incident:
 Investigation/Findings adequate?: Yes

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

Control hierarchy: Administrative Controls
 Security Related Incident: No
 Cleaning/Waste Environmental: No
 Food Services: No
 Radiation/Medical Physics: No
 Infection Control: No
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

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

Date Initial Report Submitted:

Date Interim Report Submitted:

Date Final Report Submitted:

Journal Entries

Date/Time

Journal Entry

Reference

435

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

16 Jan 18 16:04:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

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

Thank you for your assistance.

Actioned: Yes

Mail Sent On:

Linked Document Path:

Documents

No Attached Documents.

- End of Record -

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

First Name: [REDACTED] Surname: [REDACTED]

Gender: Male

Date of Birth: [REDACTED] Age: [REDACTED]

Contact Number: [REDACTED]

Job Title: Registered Nurse

Is this a Student/Volunteer Incident?:

Is this a contractor incident?: No Contractor Company:

Details of Other:

Has the ACT Health Contractor Induction been completed?: No Induction Date:

Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: No

Incident Date: [REDACTED] Incident Time: 15:00

Notification Date: [REDACTED] Notification Time: 15:53

Total days to report (days): 0 Work Start Time: 07:00

Provide a brief Summary of the incident?: Client [REDACTED] spat on staff [REDACTED]

Provide more details of the incident?: [REDACTED]

Incident Outline: Staff member spat on by client.

Body Part Affected: Right Front Shoulder

Body Part Most Affected: Right Front Shoulder

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: Yes How much time was lost: Minor injury or illness - no lost time

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

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No Mainet Number:

Mainet Date:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No Value of medical expenses:

Is a return to work plan required?: No

Details (Return to work):

What task was being performed at the time of the incident?: [REDACTED]

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

Experience (months):

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

Details of Other Training:

Was personal protective equipment being worn?: No Training recieved:

Other PPE Details:

Were there any witnesses?: Yes Details of PPE used: None

Witness #1 Name: Anith Jocab Witness # 1 Phone: 0261745445

Witness #2 Name: Sanjo Jose Witness # 2 Phone: 0261745445

Witness #3 Name: Witness #3 Phone:

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

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

Form of violence/aggression or bullying/harassment: Physical Details of Other:

Discrimination Involved (i.e. source)?: Details of Other (discrimination):

Alleged form of discrimination:

Details of Other (alleged form):

Has this happened before (reoccurrence)? No
 Name of alleged perpetrator:
 Gender of alleged perpetrator:
 Physical Location: TCH - B25
 Employment Status: Permanent Full-Time
 Hours worked per week: 38 Hrs
 Work Unit: HCNAB
 Section: Adult Acute Mental Health Services
 Are you a shift worker?: Yes
 How many hours have you worked this shift?:
 Standard or rotating work: Shift rotation not known
 Manager name: Phil Hoyle
 The reporter is: The person affected by the incident
 Reporter's Name: [Redacted]
 Details of other (position):
 Provide a thorough investigation of the incident:
 Who completed the investigation?: Philip Hoyle
 What control measures have been put in place?: No body part affected. No requirements to seek medical assistance. advised to contact EAP as required.
 Managers Additional comments:
 Was there a Dangerous Substance involved in the incident?: No
 Name of the Dangerous Substance:
 Is this a WorkSafe ACT Notifiable Incident?: No
 WorkSafe ACT Notification Date:
 Name of the person who notified:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information:

URN:
 Details of other gender:
 Other hours worked:
 Division: Mental & Justice Health, Alcohol & Drug Services
 Sub Section: Adult Mental Health Unit (AMHU)
 Start time:
 Intended length of shift: Shift duration of up to and including 8 hrs
 Manager phone: 0261745445
 Reporter's Position: Registered Nurse / Midwife

Classification

CMD Status: Transfer
 Mechanism of Incident: GROUP 2 - Being hit by moving objects
 Outcome: Moderate
 Risk Rating: M
 Notifiable Incident: No
 Serious Injury or Illness:
 Dangerous Incident:
 Investigation/Findings adequate?: Yes
 Controls adequate report: Yes
 Needlestick/sharp/splash/scratch/bite Incident: No
 Property Management & Maintenance: No
 Fire/Emergency/Evacuations/Parking/Fleet: No
 Bio-Medical: No
 Sterilising: No
 Significant Incident Level:
 SI Details:
 Has an Occupational Risk Exposure (ORE) Occurred?: No
 Is this a Dangerous Substances Related?: No

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons
 Potential Risk Rating:
 NIR Attached: No
 Control hierarchy:
 Security Related Incident: No
 Cleaning/Waste Environmental: No
 Food Services: No
 Radiation/Medical Physics: No
 Infection Control: No
 Significant Incident Type:

What was the nature of the potential Dangerous Substances exposure?:
 What was the route of potential exposure?:
 Is the substance a restricted or prohibited substance?: No
 Is there an occupational threshold associated with this substance?: No
 Does this substance require health monitoring?: No

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities : No

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical Review/Investigation Status:

Interim ongoing action still required: No

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical Review/Investigation Status:

Final ongoing action still required: No

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

Journal Entries

<u>Date/Time</u>	<u>Journal Entry</u>	<u>Reference</u>	<u>Cost</u>
Journal Type:	Action Taken		
Created by:	Administrator, Workplace Safety		
22 Jan 18 09:28:00	DO NOT REPLY TO THIS AUTO GENERATED EMAIL		
	You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).		
	Please complete the required fields in the 'ORANGE' Managers section		
	1. Provide a thorough investigation of the incident		
	2. Review Date		
	3. What control measures have been put in place?		
	For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au		
	Thank you for your assistance.		
	Actioned: Yes	Mail Sent On:	
	Linked Document Path:		

Documents

No Attached Documents.

- End of Record -

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

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

Is this a Student/Volunteer Incident?:
Is this a contractor incident?: No
Details of Other:

Contractor Company:

Has the ACT Health Contractor Induction been completed?: No
Incident Type (Hazard, Incident): Incident
Incident Date: [Redacted]
Notification Date: [Redacted]
Total days to report (days): 0.1

Induction Date:
Has a staff injury been sustained?: Yes
Incident Time: 10:10
Notification Time: 11:27
Work Start Time:

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

After the incident I started experiencing pain/ache in my right wrist.
Incident Outline: Staff member injured wrist when assisting to restrain an agitated consumer.
Body Part Affected: Front Right Wrist
Body Part Most Affected: Front Right Wrist

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

How much time was lost: Minor injury or illness - no lost time
Type of impact:

Plant Asset/Serial Number:
Has a mainet been submitted?: No
Mainet Date:
Treatment Required: No
Treatment given:
Details of Other (Treatment):
Has your HSR been notified?: No
Is a claim for workers compensation required?: No
Have medical expenses occurred or likely?: No
Is a return to work plan required?:
Details (Return to work):

Mainet Number:

Value of medical expenses:

What task was being performed at the time of the incident?: 1) [Redacted] 2) [Redacted]
Incident related to the task?: Yes

Do you have experience in performing this task?: No
Experience (years):
Training recieved:

Experience (months):
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No
Details of Other Training:
Was personal protective equipment being worn?: Not Applicable
Other PPE Details:

Details of PPE used: None

Were there any witnesses?: Yes
Witness #1 Name: RN Hayden
Witness #2 Name: HSO Scott
Witness #3 Name:

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

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

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

Form of violence/aggression or bullying/harassment: Physical

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

Alleged form of discrimination:

Has this happened before (reoccurrence?): No

Name of alleged perpetrator: [REDACTED]

Gender of alleged perpetrator: Male

Physical Location: TCH - B25

Employment Status:

Hours worked per week:

Work Unit: HCNAB

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: Kelly Chase

The reporter is:: The person affected by the incident

Reporter's Name: [REDACTED]

Details of other (position):

Provide a thorough investigation of the incident: [REDACTED] Staff member

Who completed the investigation?: Leanne Done

What control measures have been put in place?: [REDACTED]

Managers Additional comments:

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

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident?: No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

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

Details of Other:

Details of Other (discrimination):

Details of Other (alleged form):

URN: .

Details of other gender:

Other hours worked:

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Adult Mental Health Unit (AMHU)

Start time:

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

Manager phone: 43210

Reporter's Position: Registered Nurse / Midwife

Review Date: 29 January 2018

[REDACTED], Staff states they are not planning to present to a doctor. Advised to see a doctor if pain persists.

How much of the Dangerous Substance was involved?:

Was the site preserved?: No

WorkSafe ACT Notification Method:

Persons Position:

Police Notification Time:

Police Job Number:

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects

Outcome: Moderate

Risk Rating: M

Notifiable Incident: No

Serious Injury or Illness:

Dangerous Incident:

Investigation/Findings adequate?: Yes

Controls adequate report: No

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

Property Management & Maintenance: No

Fire/Emergency/Evacuations/Parking/Fleet: No

Bio-Medical: No

Sterilising: No

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons

Potential Risk Rating:

NIR Attached: No

Control hierarchy:

Security Related Incident: No

Cleaning/Waste Environmental: No

Food Services: No

Radiation/Medical Physics: No

Infection Control: No

Significant Incident Type:

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

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities : No

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still required: No

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still required: No

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

Journal Entries

<u>Date/Time</u>	<u>Journal Entry</u>	<u>Reference</u>	<u>Cost</u>
Journal Type:	Action Taken		
Created by:	Administrator, Workplace Safety		
29 Jan 18 10:12:00	DO NOT REPLY TO THIS AUTO GENERATED EMAIL		
	You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).		
	Please complete the required fields in the 'ORANGE' Managers section		
	1. Provide a thorough investigation of the incident		
	2. Review Date		
	3. What control measures have been put in place?		
	For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au		
	Thank you for your assistance.		
	Actioned: No	Mail Sent On:	05 Feb 18
	Linked Document Path:		

No Attached Documents.

- End of Record -

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

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

Is this a Student/Volunteer Incident?:
Is this a contractor incident?: No
Details of Other:

Contractor Company:

Has the ACT Health Contractor Induction been completed?: No
Incident Type (Hazard, Incident): Incident
Incident Date: [Redacted]
Notification Date: [Redacted]
Total days to report (days): 0

Induction Date:
Has a staff injury been sustained?: Yes
Incident Time: 19:45
Notification Time: 19:45
Work Start Time:

Provide a brief Summary of the incident?: Consumer, [Redacted] hit the author's hand and threw out water on author's face.

Provide more details of the incident?: [Redacted]

Incident Outline: Staff member physically assaulted by patient who hit staff member's hand and threw water in their face.

Body Part Affected: Front Right ForeFinger
Front Right Little Finger
Front Right Middle Finger
Front Right Palm
Front Right Ring Finger
Front Right Thumb
Front Right Wrist

Body Part Most Affected: Front Right Wrist

Has this incident also affected your psychological wellbeing?:
Has this incident affected your work?: Yes

How much time was lost: Minor injury or illness - no lost time

Has the incident caused any impacts on service delivery?: No
Was there any plant/equipment involved?: No

Type of impact:

Provide Details:

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

Mainet Number:

Treatment Required: Yes
Treatment given: First aid or alternative treatment

Details of Other (Treatment):
Has your HSR been notified?: No
Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No
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?: No
Experience (years):
Training recieved:

Experience (months):

Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No

Details of Other Training:

Was personal protective equipment being worn?: No
Other PPE Details:

Details of PPE used: None

Were there any witnesses?: No
Witness #1 Name:
Witness #2 Name:

Witness # 1 Phone:
Witness # 2 Phone:

Witness #3 Name:
 Does the incident involve Violence/Aggression/Discrimination or Bullying/Harassment?: Yes
 Who was involved? (ie. source): Patient/Client/Consumer
 Form of violence/aggression or bullying/harassment: Physical
 Discrimination Involved (i.e. source?):
 Alleged form of discrimination:
 Has this happened before (reoccurrence?): No
 Name of alleged perpetrator: [REDACTED]
 Gender of alleged perpetrator: Male
 Physical Location: Adult Mental Health Unit (AMHU)
 Employment Status:
 Hours worked per week:
 Work Unit: HCNAB
 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: LEANNE DONE
 The reporter is: The person affected by the incident
 Reporter's Name: [REDACTED]
 Details of other (position):
 Provide a thorough investigation of the incident:

Witness #3 Phone:
 Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression
 Details of Other:
 Details of Other (discrimination):
 Details of Other (alleged form):
 URN: [REDACTED]
 Details of other gender:
 Other hours worked:
 Division: Mental & Justice Health, Alcohol & Drug Services
 Sub Section: Adult Mental Health Unit (AMHU)
 Start time:
 Intended length of shift:
 Manager phone: 61745454
 Reporter's Position: Registered Nurse / Midwife

Consumer, hit the author's hand and threw out water onto author's face. As reported by staff member. [REDACTED]

-Staff member experienced some tingling in hand overnight. GP appointment attended following day no further symptoms.

Who completed the investigation?: K Chase
 Review Date: 6 February 2018
 What control measures have been put in place?: [REDACTED] Staff advised of EAP. Staff PART trained.
 Managers Additional comments:
 Was there a Dangerous Substance involved in the incident?: No
 Name of the Dangerous Substance:
 Is this a WorkSafe ACT Notifiable Incident?: No
 WorkSafe ACT Notification Date:
 Name of the person who notified:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information:

How much of the Dangerous Substance was involved?:
 Was the site preserved?: No
 WorkSafe ACT Notification Method:
 Persons Position:
 Police Notification Time:
 Police Job Number:

Classification

CMD Status: Transfer
 Mechanism of Incident: GROUP 2 - Being hit by moving objects
 Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons
 Outcome: Minor
 Risk Rating: M
 Potential Risk Rating:
 Notifiable Incident: No
 NIR Attached: No
 Serious Injury or Illness:
 Dangerous Incident:
 Investigation/Findings adequate?: Yes
 Controls adequate report: Yes
 Control hierarchy: Administrative Controls

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

Security Related Incident: No
 Cleaning/Waste Environmental: No
 Food Services: No
 Radiation/Medical Physics: No
 Infection Control: No
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

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

Date Initial Report Submitted:

Date Interim Report Submitted:

Date Final Report Submitted:

Journal Entries

Date/Time

Journal Entry

Reference

446

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

31 Jan 18 10:04:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

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

Thank you for your assistance.

Actioned: Yes

Linked Document Path:

Mail Sent On:

07 Feb 18

Documents

No Attached Documents.

- End of Record -

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

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

Is this a Student/Volunteer Incident?:
Is this a contractor incident?: No
Details of Other:

Contractor Company:

Has the ACT Health Contractor Induction been completed?: No
Incident Type (Hazard, Incident): Incident

Induction Date:

Has a staff injury been sustained?: No

Incident Date: [Redacted]
Notification Date: [Redacted]

Incident Time: 04:18

Notification Time: 04:40

Total days to report (days): 0

Work Start Time: 21:00

Provide a brief Summary of the incident?: Consumer attempted to attack staff members specialising her in [Redacted].

Provide more details of the incident?: [Redacted]

Incident Outline: Consumer attempted to assault staff member.

Body Part Affected: Psychological

Body Part Most Affected: Psychological

Has this incident also affected your psychological wellbeing?:
Has this incident affected your work?: Yes

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

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

Type of impact:

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Mainet Number:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: Yes

Is a claim for workers compensation required?: No

Have medical expenses ocured or likely?: No

Value of medical expenses:

Is a return to work plan required?: No

Details (Return to work):

What task was being performed at the time of the incident?:

Incident related to the task?: Yes

Do you have experience in performing this task?: Yes

Experience (years): 20

Training recieved:

Experience (months):

Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No

Details of Other Training:

Was personal protective equipment being worn?: Yes

Details of PPE used: Other

Other PPE Details: Duress Alarm

Were there any witnesses?: No

Witness #1 Name:

Witness # 1 Phone:

Witness #2 Name:

Witness # 2 Phone:

Witness #3 Name:

Witness #3 Phone:

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

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

Form of violence/aggression or bullying/harassment: Physical

Discrimination Involved (ie. source)?:

Alleged form of discrimination:

Has this happened before (reoccurrence)? No

Name of alleged perpetrator: [REDACTED]

Gender of alleged perpetrator: Female

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status:

Hours worked per week:

Work Unit: HCNAB

Section: Adult Acute Mental Health Services

Are you a shift worker?: No

How many hours have you worked this shift?:

Standard or rotating work: Shift rotation not known

Manager name: Shaun Bayliss

The reporter is:: The person affected by the incident

Reporter's Name: [REDACTED]

Details of other (position):

Provide a thorough investigation of the incident: - Follow up phone call to staff member.

Who completed the investigation?: Kelly Chase

What control measures have been put in place?: -Staff PART trained, ongoing refresher to be reviewed.

Managers Additional comments:

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

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident?: No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

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

Details of Other:

Details of Other (discrimination):

Details of Other (alleged form):

URN: [REDACTED]

Details of other gender:

Other hours worked:

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Adult Mental Health Unit (AMHU)

Start time:

Intended length of shift: Shift duration of more than 8 hrs (excluding overtime)

Manager phone: 0261745444

Reporter's Position: Registered Nurse / Midwife

Review Date: 1 March 2018

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects

Outcome: Minor

Risk Rating: M

Notifiable Incident: No

Serious Injury or Illness:

Dangerous Incident:

Investigation/Findings adequate?: Yes

Controls adequate report: Yes

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

Property Management & Maintenance: No

Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons

Potential Risk Rating: NIR Attached: No

Control hierarchy: Administrative Controls

Security Related Incident: No

Cleaning/Waste Environmental: No

Fire/Emergency/Evacuations/Par
 rking/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

Date/Time

Journal Entry

Reference

450

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

19 Feb 18 09:39:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

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

Actioned: Yes

Mail Sent On: 26 Feb 18

Linked Document Path:

Documents

No Attached Documents.

- End of Record -

Staff Incident ID: 733258

AGS/ ID Number: [Redacted]

Related Incident ID:

First Name: [Redacted]

Surname: [Redacted]

Gender: Male

Date of Birth:

Age:

Contact Number:

Job Title:

Is this a Student/Volunteer Incident?:

Is this a contractor incident?: No

Contractor Company:

Details of Other:

Induction Date:

Has the ACT Health Contractor Induction been completed?: No

Incident Type (Hazard, Incident): Incident

Has a staff injury been sustained?: No

Incident Date: [Redacted]

Incident Time: 10:30

Notification Date: [Redacted]

Notification Time: 10:19

Total days to report (days): 14

Work Start Time:

Provide a brief Summary of the incident?: Consumer made accusatory statements towards author

Provide more details of the incident?:

[Redacted details of the incident]

Incident Outline: Consumer made accusatory statements towards author

Body Part Affected: None

Body Part Most Affected:

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: No

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

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

Type of Impact:

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Mainet Number:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses occured or likely?: No

Value of medical expenses:

Is a return to work plan required?:

Details (Return to work):

What task was being performed at the time of the incident?:

Incident related to the task?: No

Do you have experience in performing this task?:

Experience (months):

Experience (years):

Have you received specific training in the task/work being performed at the time of the accident/incident?: No
 Details of Other Training:
 Was personal protective equipment being worn?: Not Applicable
 Other PPE Details:
 Were there any witnesses?: Yes
 Witness #1 Name: Security guard
 Witness #2 Name: HSO Pavan
 Witness #3 Name:
 Does the incident involve Violence/Aggression/Discrimination or Bullying/Harassment?: Yes
 Who was involved? (ie. source): Patient/Client/Consumer
 Form of violence/aggression or bullying/harassment: Verbal
 Discrimination Involved (i.e. source?): Patient/Client/Consumer
 Alleged form of discrimination:
 Has this happened before (reoccurrence?): No
 Name of alleged perpetrator: [REDACTED]
 Gender of alleged perpetrator: Female
 Physical Location: Adult Mental Health Unit (AMHU)
 Employment Status:
 Hours worked per week:
 Work Unit: HCNAB
 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: Leanne Done
 The reporter is: The person affected by the incident
 Reporter's Name: [REDACTED]
 Details of other (position):
 Provide a thorough investigation of the incident:
 Who completed the investigation?: kelly chase
 What control measures have been put in place?: [REDACTED]
 Managers Additional comments:
 Was there a Dangerous Substance involved in the incident?: No
 Name of the Dangerous Substance:
 Is this a WorkSafe ACT Notifiable Incident?: No
 WorkSafe ACT Notification Date:
 Name of the person who notified:
 Name of Inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information:

Training received:
 Details of PPE used:
 Witness # 1 Phone:
 Witness # 2 Phone:
 Witness #3 Phone:
 Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination:
 Details of Other:
 Details of Other (discrimination):
 Details of Other (alleged form):
 URN:
 Details of other gender:
 Other hours worked:
 Division: Mental & Justice Health, Alcohol & Drug Services
 Sub Section: Adult Mental Health Unit (AMHU)
 Start time:
 Intended length of shift:
 Manager phone: 61745406
 Reporter's Position: Clinical Nurse Consultant (CNC)
 Review Date: 27 February 2018

-Once [REDACTED] accused of sexually inappropriate comments he left directly.
 [REDACTED] directly reported incident/statements to CNC/NUM Chase
 -Incident witnessed by HSO and security.

How much of the Dangerous Substance was involved?:
 Was the site preserved?: No
 WorkSafe ACT Notification Method:
 Persons Position:
 Police Notification Time:
 Police Job Number:

Classification

CMD Status: Transfer
 Mechanism of Incident: GROUP 8 - Mental stress
 Outcome: Insignificant
 Risk Rating: L
 Notifiable Incident: No

Subcategory of Mechanism of Incident: 82 Exposure to workplace or Incident : occupational violence
 Potential Risk Rating:
 NIR Attached: No

Serious Injury or Illness:
 Dangerous Incident:
 Investigation/Findings Yes
 adequate?:
 Controls adequate report: Yes
 Needlestick/sharp/splash/scratc No
 h/bite Incident:
 Property Management & No
 Maintenance:
 Fire/Emergency/Evacuations/Pa No
 rking/Fleet:
 Bio-Medical: No
 Sterilising: No
 Significant Incident Level:
 SI Details:
 Has an Occupational Risk No
 Exposure (ORE) Occurred?:
 Is this a Dangerous Substances No
 Related?:
 What was the nature of the
 potential Dangerous Substances
 exposure?:
 What was the route of potential
 exposure?:
 Is the substance a restricted or No
 prohibited substance?:
 Is there an occupational No
 threshold associated with this
 substance?:
 Does this substance requiring No
 health monitoring?:

Control hierarchy: Administrative Controls
 Security Related Incident: No
 Cleaning/Waste Environmental: No
 Food Services: No
 Radiation/Medical Physics: No
 Infection Control: No
 Significant Incident Type:

Details of other:
 Details:
 Details Threshold:
 Details Monitoring:

Significant Incident Details

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

Journal Entries

Journal Type: Action Taken

Created by: Reviewer 3, Workplace Safety
27 Feb 18 11:55:00 DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6174 8060 workplacesafety@act.gov.au

Thank you for your assistance.
Actioned: Yes
Linked Document Path:

Mail Sent On: 06 Mar 18

Journal Type: General Comments

Created by: Reviewer 3, Workplace Safety
27 Feb 18 11:58:00 Please note this is an incident - not a hazard. Please ask reporter to complete section on violence and aggression. Thank you.

Actioned: Yes
Linked Document Path:

Mail Sent On:

Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED] Related Incident ID:
First Name: [REDACTED] Surname: [REDACTED]
Gender: Female
Date of Birth: Age:
Contact Number:
Job Title:
Is this a Student/Volunteer Incident?:
Is this a contractor incident?: No Contractor Company:
Details of Other:
Has the ACT Health Contractor Induction been completed?: No Induction Date:
Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: Yes
Incident Date: [REDACTED] Incident Time: 08:35
Notification Date: [REDACTED] Notification Time: 15:11
Total days to report (days): 0.3 Work Start Time:
Provide a brief Summary of the incident?: [REDACTED] punched Author in the chest unprovoked and ran away, [REDACTED]
Provide more details of the incident?: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
Incident Outline: Staff member physically assaulted by consumer.
Body Part Affected: Front Left Trunk
Front Right Trunk
Internal Organs
Body Part Most Affected: Front Left Trunk
Has this incident also affected your psychological wellbeing?:
Has this incident affected your work?: Yes How much time was lost: 1 day or more of work was lost
Has the incident caused any impacts on service delivery?: No Type of impact:
Was there any plant/equipment involved?: No
Provide Details:
Plant Asset/Serial Number:
Has a mainet been submitted?: No Mainet Number:
Mainet Date:
Treatment Required: Yes
Treatment given: Doctor
Details of Other (Treatment):
Has your HSR been notified?: No
Is a claim for workers compensation required?: No
Have medical expenses occured or likely?: Yes Value of medical expenses:
Is a return to work plan required?:
Details (Return to work):
What task was being performed at the time of the incident?: [REDACTED]
Incident related to the task?: Yes Do you have experience in performing this task?: Yes
Experience (months):
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No Experience (years):
Details of Other Training: Training recieved:
Was personal protective equipment being worn?: Not Applicable Details of PPE used: None
Other PPE Details:
Were there any witnesses?: Yes
Witness #1 Name: Enrico Enriquez Witness #1 Phone: 61745454
Witness #2 Name: Shaun Bayliss Witness #2 Phone: 61745454
Witness #3 Name: Witness #3 Phone:

Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes
 Who was involved? (ie. source): Patient/Client/Consumer
 Form of violence/aggression or bullying/harassment: Physical
 Discrimination Involved (i.e. source?):
 Alleged form of discrimination:
 Has this happened before (reoccurrence?): Yes
 Name of alleged perpetrator: [Redacted]
 Gender of alleged perpetrator: Female
 Physical Location: TCH - B25
 Employment Status:
 Hours worked per week:
 Work Unit: HCNAB
 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: Kelly Chase
 The reporter is: The person affected by the incident
 Reporter's Name: [Redacted]

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression
 Details of Other:
 Details of Other (discrimination):
 Details of Other (alleged form):
 URN: [Redacted]
 Details of other gender:
 Other hours worked:
 Division: Mental & Justice Health, Alcohol & Drug Services
 Sub Section: Adult Mental Health Unit (AMHU)
 Start time:
 Intended length of shift:
 Manager phone: 0261745452
 Reporter's Position: Registered Nurse / Midwife

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

Reporter has notified AFP of incident.
 Who completed the investigation?: Kelly Chase
 Review Date: 28 February 2018
 What control measures have been put in place?:
 -Immediate Follow up occurred with the staff member regarding incident. Staff member declined going to ED however made urgent appointment to see GP and possible x-ray. Staff member did not feel they could drive however declined being driven by and agreed to taxi.
 -Plan for RN to give follow up call after appointment with GP. Message left on 5/3. P/C 6/3 message left re: wellness check.
 -Discussion with staff member to be undertaken once return from leave to review appropriate environment to provide medication and respect of consumer rights to privacy which may have been a trigger.
 -Staff PART trained.
 -RN advised of EAP and ongoing support.
 Managers Additional comments:
 Was there a Dangerous Substance involved in the incident?: No
 Name of the Dangerous Substance:
 Is this a WorkSafe ACT Notifiable Incident?: No
 WorkSafe ACT Notification Date:
 Name of the person who notified:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information:

Classification

CMD Status: Transfer
 Mechanism of Incident: GROUP 2 - Being hit by moving objects
 Outcome: Moderate
 Risk Rating: M
 Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons
 Potential Risk Rating:

Notifiable Incident: No
 Serious Injury or Illness:
 Dangerous Incident:
 Investigation/Findings Yes
 adequate?:
 Controls adequate report: Yes
 Needlestick/sharp/splash/scratches/bite Incident: No
 Property Management & Maintenance: No
 Fire/Emergency/Evacuations/Parking/Fleet: No
 Bio-Medical: No
 Sterilising: No
 Significant Incident Level:
 SI Details:
 Has an Occupational Risk Exposure (ORE) Occurred?: No
 Is this a Dangerous Substances Related?: No
 What was the nature of the potential Dangerous Substances exposure?:
 What was the route of potential exposure?:
 Is the substance a restricted or prohibited substance?: No
 Is there an occupational threshold associated with this substance?: No
 Does this substance requiring health monitoring?: No

NIR Attached: No

Control hierarchy: Administrative Controls
 Security Related Incident: No
 Cleaning/Waste Environmental: No
 Food Services: No
 Radiation/Medical Physics: No
 Infection Control: No
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities : No

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still required: No

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still required: No

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

Journal Entries

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

01 Mar 18 09:48:00

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

Please complete the required fields in the 'ORANGE' Managers section

- 1. Provide a thorough investigation of the incident
- 2. Review Date
- 3. What control measures have been put in place?

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

Thank you for your assistance.

Actioned: Yes

Linked Document Path:

Mail Sent On:

Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED] Related Incident ID:
First Name: [REDACTED] Surname: [REDACTED]
Gender: Female
Date of Birth: [REDACTED] Age: [REDACTED]
Contact Number: [REDACTED]
Job Title:
Is this a Student/Volunteer Incident?:
Is this a contractor incident?: No Contractor Company:
Details of Other:
Has the ACT Health Contractor Induction been completed?: No Induction Date:
Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: No
Incident Date: [REDACTED] Incident Time: 10:30
Notification Date: [REDACTED] Notification Time: 13:29
Total days to report (days): 0.1 Work Start Time:
Provide a brief Summary of the incident?: Patient inappropriately touched staff.
Provide more details of the incident?: [REDACTED]
Incident Outline: Staff member reports being inappropriately touched by consumer.
Body Part Affected: None
Body Part Most Affected: None
Has this incident also affected your psychological wellbeing?:
Has this incident affected your work?: Yes How much time was lost: No injury or illness - hazardous situation
Has the incident caused any impacts on service delivery?: No Type of impact:
Was there any plant/equipment involved?: No
Provide Details:
Plant Asset/Serial Number:
Has a mainet been submitted?: No Mainet Number:
Mainet Date:
Treatment Required: No
Treatment given:
Details of Other (Treatment):
Has your HSR been notified?: No
Is a claim for workers compensation required?: No
Have medical expenses occurred or likely?: No Value of medical expenses:
Is a return to work plan required?:
Details (Return to work):
What task was being performed at the time of the incident?:
Incident related to the task?: No Do you have experience in performing this task?: No
Experience (months):
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No Experience (years):
Details of Other Training: Training recieved:
Was personal protective equipment being worn?: Not Applicable Details of PPE used: None
Other PPE Details:
Were there any witnesses?: No
Witness #1 Name: Witness # 1 Phone: 0261745445
Witness #2 Name: Witness # 2 Phone:
Witness #3 Name: Witness #3 Phone:
Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?: Yes Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination:
Who was involved? (ie. source): Patient/Client/Consumer

Form of violence/aggression or bullying/harassment: Physical
 Discrimination Involved (i.e. source?): Patient/Client/Consumer
 Alleged form of discrimination: Details of Other: uninvited inappropriate physical touch
 Has this happened before (reoccurrence?): No
 Name of alleged perpetrator: [Redacted] URN: [Redacted]
 Gender of alleged perpetrator: [Redacted] Details of other gender:
 Physical Location: Adult Mental Health Unit (AMHU)
 Employment Status:
 Hours worked per week: Other hours worked:
 Work Unit: HCAMH Division: Mental & Justice Health, Alcohol & Drug Services
 Section: Adult Mental Health Services Sub Section: Adult Mental Health Services
 Are you a shift worker?: No
 How many hours have you worked this shift?: Start time:
 Standard or rotating work: Intended length of shift:
 Manager name: Kelly Chase Manager phone: 61745445
 The reporter is: The person affected by the incident
 Reporter's Name: [Redacted] Reporter's Position: Registered Nurse / Midwife
 Details of other (position):
 Provide a thorough investigation of the incident: Discussed incident with staff member who identified that consumer [Redacted] had been touching them on chest/side area. [Redacted].
 [Redacted] Staff member does not wish to report to Police at this time.
 Who completed the investigation?: Kelly Chase Review Date: 6 March 2018
 What control measures have been put in place?: [Redacted]
 Managers Additional comments: [Redacted]. Staff advised of EAP options if needed. Staff are PART trained.
 Was there a Dangerous Substance involved in the incident?: No
 Name of the Dangerous Substance: How much of the Dangerous Substance was involved?:
 Is this a WorkSafe ACT Notifiable Incident?: No Was the site preserved?: No
 WorkSafe ACT Notification Date: WorkSafe ACT Notification Method:
 Name of the person who notified: Persons Position:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date: Police Notification Time:
 Name of Officer Notified: Police Job Number:
 De-Identified Information:

Classification

CMD Status: Transfer
 Mechanism of Incident: GROUP 2 - Being hit by moving objects Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons
 Outcome: Minor
 Risk Rating: M Potential Risk Rating:
 Notifiable Incident: No NIR Attached: No
 Serious Injury or Illness:
 Dangerous Incident:
 Investigation/Findings adequate?: Yes
 Controls adequate report: Yes Control hierarchy: Administrative Controls
 Needlestick/sharp/splash/scratch/bite Incident: No Security Related Incident: No
 Property Management & Maintenance: No Cleaning/Waste Environmental: No
 Fire/Emergency/Evacuations/Parking/Fleet: No Food Services: No
 Bio-Medical: No Radiation/Medical Physics: No
 Sterilising: No Infection Control: No
 Significant Incident Level: SI Details: Significant Incident Type:

Has an Occupational Risk Exposure (ORE) Occurred?: No
 Is this a Dangerous Substances Related?: No
 What was the nature of the potential Dangerous Substances exposure?:
 What was the route of potential exposure?:
 Is the substance a restricted or prohibited substance?: No
 Is there an occupational threshold associated with this substance?: No
 Does this substance requiring health monitoring?: No

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities : No

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

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

<u>Date/Time</u>	<u>Journal Entry</u>	<u>Reference</u>	<u>Cost</u>
Journal Type:	Action Taken		
Created by:	Reviewer 2, Workplace Safety		
01 Mar 18 14:19:00	DO NOT REPLY TO THIS AUTO GENERATED EMAIL		
	You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).		
	Please complete the required fields in the 'ORANGE' Managers section		
	1. Provide a thorough investigation of the incident		
	2. Review Date		
	3. What control measures have been put in place?		
	For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au		
	Thank you for your assistance.		
	Actioned: Yes	Mail Sent On:	
	Linked Document Path:		

Documents

No Attached Documents.

AGS/ ID Number: [REDACTED]

First Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Contact Number: [REDACTED]

Job Title: [REDACTED]

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): 1.6

Contractor Company:

Induction Date:

Has a staff injury been sustained?: No

Incident Time: 19:00

Notification Time: 08:56

Work Start Time: 16:00

Provide a brief Summary of the incident?: Multiple threatening phone calls received by known previous consumer.

Provide more details of the incident?:

[REDACTED]

Incident Outline: Staff member received threatening phone calls from previous consumer.

Body Part Affected: None

Body Part Most Affected: None

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: Yes

Has the incident caused any impacts on service delivery?: Yes

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: Yes

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No

Is a return to work plan required?: Not Applicable

Details (Return to work):

What task was being performed at the time of the incident?: [REDACTED]

Incident related to the task?: Yes

Experience (months):

Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No

Details of Other Training:

Was personal protective equipment being worn?: Not Applicable

Other PPE Details:

Were there any witnesses?: No

Witness #1 Name:

Witness #2 Name:

Witness #3 Name:

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

Type of impact: Minor service interruption less than 1 day lost

Mainet Number:

Value of medical expenses:

Do you have experience in performing this task?: No

Experience (years):

Training recieved:

Details of PPE used: None

Witness # 1 Phone:

Witness # 2 Phone:

Witness # 3 Phone:

Does the incident involve Violence/Aggression/Discrimination or Bullying/Harassment?: Yes
 Who was involved? (i.e. source): Patient/Client/Consumer
 Form of violence/aggression or bullying/harassment: Verbal
 Discrimination Involved (i.e. source)?:
 Alleged form of discrimination:
 Has this happened before (reoccurrence)?: No
 Name of alleged perpetrator: [REDACTED]
 Gender of alleged perpetrator: Male
 Physical Location: Adult Mental Health Unit (AMHU)
 Employment Status: Temporary Full-Time
 Hours worked per week: 36 Hrs 45 Mins
 Work Unit: HCNAB
 Section: Adult Acute Mental Health Services
 Are you a shift worker?: No
 How many hours have you worked this shift?:
 Standard or rotating work: Fixed standard or flexible hours
 Manager name: Leanne Done
 The reporter is.: The person affected by the incident
 Reporter's Name: [REDACTED]
 Details of other (position):
 Provide a thorough investigation of the incident:
 Who completed the investigation?:
 What control measures have been put in place?:
 Managers Additional comments:
 Was there a Dangerous Substance involved in the incident?:
 Name of the Dangerous Substance:
 Is this a WorkSafe ACT Notifiable Incident?:
 WorkSafe ACT Notification Date:
 Name of the person who notified:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information:

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression
 Details of Other:
 Details of Other (discrimination):
 Details of Other (alleged form):
 URN: [REDACTED]
 Details of other gender:
 Other hours worked:
 Division: Mental & Justice Health, Alcohol & Drug Services
 Sub Section: Adult Mental Health Unit (AMHU)
 Start time:
 Intended length of shift: Shift duration not known
 Manager phone: 61745406
 Reporter's Position: Administrative Officer

Staff member received multiple phone calls from an unknown customer. The unknown customer made threatening and intimidating comments to the staff and made reference to harming other people. Staff member notified their Supervisor and the nursing shift Team Leader. It was at this time nursing staff stated they had received calls from a certain customer. No actual confirmation could be ascertained by the staff member that the caller was this particular customer.

Leanne Done Review Date: 3 April 2018

On the Monday post this incident staff member was advised to make a report to the Police and complete a SAIRs report. Support was offered by Team Leader and EAP was offered. All administration staff have been booked in to attend Managing Telephone Aggression education offered by staff development. Staff have been requested to escalate to management if any aggressive telephone calls occur.

Classification

CMD Status: Transfer
 Mechanism of Incident: GROUP 8 - Mental stress
 Outcome: Minor
 Risk Rating: M
 Notifiable Incident: No
 Serious Injury or Illness:
 Dangerous Incident:
 Investigation/Findings adequate?: Yes
 Controls adequate report: Yes
 Needlestick/sharp/splash/scratch/bite Incident: No

Subcategory of Mechanism of Incident : 82 Exposure to workplace or occupational violence
 Potential Risk Rating:
 NIR Attached: No
 Control hierarchy: Administrative Controls
 Security Related Incident: No

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

Cleaning/Waste Environmental: No

Food Services: No

Radiation/Medical Physics: No

Infection Control: No

Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities : No

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still required: No

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still required: No

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Initial Report Submitted:

Date Interim Report Submitted:

Date Final Report Submitted:

Journal Entries

Date/Time

Journal Entry

Reference

466

Cost

Journal Type:

Action Taken

Created by:

Reviewer 3, Workplace Safety

26 Mar 18 12:58:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6174 8060 workplacesafety@act.gov.au

Thank you for your assistance.

Actioned: Yes

Linked Document Path:

Mail Sent On: 03 Apr 18

Documents

No Attached Documents.

- End of Record -

AGS/ ID Number:	[REDACTED]	Related Incident ID:	
First Name:	[REDACTED]	Surname:	[REDACTED]
Gender:	Female	Age:	
Date of Birth:			
Contact Number:			
Job Title:			
Is this a Student/Volunteer Incident?:			
Is this a contractor incident?:	No	Contractor Company:	
Details of Other:			
Has the ACT Health Contractor Induction been completed?:	No	Induction Date:	
Incident Type (Hazard, Incident):	Incident	Has a staff injury been sustained?:	No
Incident Date:	[REDACTED]	Incident Time:	12:10
Notification Date:	[REDACTED]	Notification Time:	14:52
Total days to report (days):	0.1	Work Start Time:	
Provide a brief Summary of the incident?:	Consumer aggressively pushed at the authors chest and went through the HDU exit doors.		
Provide more details of the incident?:	[REDACTED]		
Incident Outline:	Staff physically assaulted by consumer.		
Body Part Affected:	Front Left Trunk Front Right Trunk		
Body Part Most Affected:	Front Left Trunk		
Has this incident also affected your psychological wellbeing?:		How much time was lost:	Minor injury or illness - no lost time
Has this incident affected your work?:	No	Type of Impact:	
Has the incident caused any impacts on service delivery?:	No		
Was there any plant/equipment involved?:	No		
Provide Details:			
Plant Asset/Serial Number:		Mainet Number:	
Has a mainet been submitted?:	No		
Mainet Date:			
Treatment Required:	No		
Treatment given:			
Details of Other (Treatment):			
Has your HSR been notified?:	No		
Is a claim for workers compensation required?:	No	Value of medical expenses:	
Have medical expenses occurred or likely?:	No		
Is a return to work plan required?:			
Details (Return to work):			
What task was being performed at the time of the incident?:		Do you have experience in performing this task?:	No
Incident related to the task?:	Yes	Experience (years):	
Experience (months):		Training recieved:	
Have you recieved specific training in the task/work being performed at the time of the accident/incident?:	No		
Details of Other Training:			
Was personal protective equipment being worn?:	No	Details of PPE used:	None
Other PPE Details:			
Were there any witnesses?:	No		
Witness #1 Name:		Witness #1 Phone:	
Witness #2 Name:		Witness #2 Phone:	
Witness #3 Name:		Witness #3 Phone:	

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

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

Form of violence/aggression or bullying/harassment: Physical

Discrimination Involved (i.e. source)?:

Alleged form of discrimination:

Has this happened before (reoccurrence)?: No

Name of alleged perpetrator: [REDACTED]

Gender of alleged perpetrator: Male

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status:

Hours worked per week:

Work Unit: HCNAB

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: KELLY CHASE

The reporter is: The person affected by the incident

Reporter's Name: [REDACTED]

Details of other (position):

Provide a thorough investigation of the incident: Staff member had door open from HDU office into HDU when patient pushed on the middle of staff member's chest. [REDACTED]. Staff member denied injury but requested to leave shift early. Request supported. Requested that staff member prior to leave follow up with myself for further support. Staff member left shift without further follow up.

Who completed the investigation?: Kelly Chase

What control measures have been put in place?: Followed up immediately after incident by Nurse Unit Manager. Requested senior staff member follow up further with staff member for support which was undertaken. EAP offered. Ongoing education around staff standing in doorways to HDU due to risks of patients pushing through.

Managers Additional comments:

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

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident?: No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

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

Details of Other:

Details of Other (discrimination):

Details of Other (alleged form):

URN: [REDACTED]

Details of other gender:

Other hours worked:

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Adult Mental Health Unit (AMHU)

Start time:

Intended length of shift:

Manager phone: 617 45452

Reporter's Position: Registered Nurse / Midwife

Review Date: 5 April 2018

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects

Outcome: Insignificant

Risk Rating: M

Notifiable Incident: No

Serious Injury or Illness: Dangerous Incident:

Investigation/Findings adequate?: Yes

Controls adequate report: Yes

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

Property Management & Maintenance: No

Fire/Emergency/Evacuations/Parking/Fleet: No

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons

Potential Risk Rating: NIR Attached: No

Control hierarchy: Administrative Controls

Security Related Incident: No

Cleaning/Waste Environmental: No

Food Services: No

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

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

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

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

Date Initial Report Submitted:

Date Interim Report Submitted:

Date Final Report Submitted:

Journal Entries

Date/Time

Journal Entry

Reference

470

Cost

Journal Type:

Action Taken

Created by:

Reviewer 3, Workplace Safety

28 Mar 18 11:26:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

For additional advice please contact the Workplace Safety support line on 6174 8060 workplacesafety@act.gov.au

Thank you for your assistance.

Actioned: Yes

Linked Document Path:

Mail Sent On:

04 Apr 18

Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [Redacted]
First Name: [Redacted]
Gender: Female
Date of Birth: [Redacted]
Contact Number: [Redacted]
Job Title: Registered Nurse

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

Is this a Student/Volunteer Incident?:
Is this a contractor incident?: No
Details of Other:

Contractor Company:

Has the ACT Health Contractor Induction been completed?: No

Induction Date:

Incident Type (Hazard, Incident): Incident

Has a staff injury been sustained?: No

Incident Date: [Redacted]

Incident Time: 13:30

Notification Date: [Redacted]

Notification Time: 15:43

Total days to report (days): 0.1

Work Start Time: 07:00

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

Provide more details of the incident?: [Redacted]

Incident Outline: Staff member assaulted by consumer

Body Part Affected: Front Left Wrist
Left Back Of Head
Left Top Of Head
Psychological
Right Back of Head
Right Top Of Head

Body Part Most Affected: Psychological

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: Yes

How much time was lost: Minor injury or illness - no lost time

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

Type of Impact:

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Mainet Number:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No

Value of medical expenses:

Is a return to work plan required?:

Details (Return to work):

What task was being performed at the time of the incident?:

Incident related to the task?: No

Do you have experience in performing this task?: No

Experience (months):

Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No

Experience (years):

Training recieved:

Details of Other Training:

Was personal protective equipment being worn?: Not Applicable

Details of PPE used: None

Other PPE Details:

Were there any witnesses?: No

Witness #1 Name:

Witness # 1 Phone:

Witness #2 Name:

Witness # 2 Phone:

Witness #3 Name:

Witness #3 Phone:

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

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

Form of violence/aggression or bullying/harassment: Physical

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

Alleged form of discrimination:

Has this happened before (reoccurrence?): Yes

Name of alleged perpetrator: [REDACTED]

Gender of alleged perpetrator: Male

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status: Permanent Part-Time

Hours worked per week: Other

Work Unit: HCNAB

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: Kelly Chase

The reporter is: The person affected by the incident

Reporter's Name: [REDACTED]

Details of other (position):

Provide a thorough investigation of the incident: [REDACTED]

Who completed the investigation?: Kelly Chase

What control measures have been put in place?: Staff member offered support by Nurse Unit Manager and grad facilitator also attended unit after incident. Advised access to EAP. Duress sent for servicing. Duress system has undertaken maintenance. Staff member to completed PART training.

Managers Additional comments:

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

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident?: No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression **472**

Details of Other: Verbal and physical

Details of Other (discrimination):

Details of Other (alleged form):

URN:

Details of other gender:

Other hours worked: 32+

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Adult Mental Health Unit (AMHU)

Start time:

Intended length of shift:

Manager phone: 61445452

Reporter's Position: Registered Nurse / Midwife

Review Date: 27 March 2018

How much of the Dangerous Substance was involved?:

Was the site preserved?: No

WorkSafe ACT Notification Method:

Persons Position:

Police Notification Time:

Police Job Number:

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 2 - Being hit by moving objects

Outcome: Minor

Risk Rating: L

Notifiable Incident: No

Serious Injury or Illness:

Dangerous Incident:

Investigation/Findings adequate?: Yes

Controls adequate report: Yes

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

Property Management & Maintenance: No

Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons

Potential Risk Rating:

NIR Attached: No

Control hierarchy: Administrative Controls

Security Related Incident: No

Cleaning/Waste Environmental: No

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

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

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

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

Date Initial Report Submitted:

Date Interim Report Submitted:

Date Final Report Submitted:

Journal Entries

AGS/ ID Number: [REDACTED]	Related Incident ID:
First Name: [REDACTED]	Surname: [REDACTED]
Gender: Female	
Date of Birth: [REDACTED]	Age: [REDACTED]
Contact Number: [REDACTED]	
Job Title: Registered Nurse	
Is this a Student/Volunteer Incident?:	
Is this a contractor incident?: No	Contractor Company:
Details of Other:	
Has the ACT Health Contractor Induction been completed?: No	Induction Date:
Incident Type (Hazard, Incident): Incident	Has a staff injury been sustained?: Yes
Incident Date: [REDACTED]	Incident Time: 13:10
Notification Date: [REDACTED]	Notification Time: 16:14
Total days to report (days): 0.1	Work Start Time: 07:00
Provide a brief Summary of the incident?:	Duress failed to work when consumer became aggressive, when tried to call code black and man down with duress however did not work.
Provide more details of the incident?:	[REDACTED]
Incident Outline:	[REDACTED]
Body Part Affected: Psychological	
Body Part Most Affected: None	
Has this incident also affected your psychological wellbeing?:	
Has this incident affected your work?: No	How much time was lost: Minor injury or illness - no lost time
Has the incident caused any impacts on service delivery?: No	Type of impact:
Was there any plant/equipment involved?: Yes	
Provide Details: Duress alarm	
Plant Asset/Serial Number:	
Has a mainet been submitted?: No	Mainet Number:
Mainet Date:	
Treatment Required: No	
Treatment given:	
Details of Other (Treatment):	
Has your HSR been notified?: No	
Is a claim for workers compensation required?: No	
Have medical expenses ocured or likely?: No	Value of medical expenses:
Is a return to work plan required?:	
Details (Return to work):	
What task was being performed at the time of the incident?:	
Incident related to the task?: No	Do you have experience in performing this task?: No
Experience (months):	Experience (years):
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No	Training recieved:
Details of Other Training:	
Was personal protective equipment being worn?: Not Applicable	Details of PPE used: None
Other PPE Details:	
Were there any witnesses?: No	
Witness #1 Name:	Witness # 1 Phone:
Witness #2 Name:	Witness # 2 Phone:
Witness #3 Name:	Witness #3 Phone:
Does the incident involve claimed	Type of claimed Violence/Aggression
Violence/Aggression/Discrimination or Bullying/Harassment?:	Violence/Aggression/Bullying/Harassment/Discrimination:
Who was involved? (ie. source): Patient/Client/Consumer	
Form of violence/aggression or bullying/harassment: Verbal	Details of Other:
Discrimination Involved (i.e. source)?:	Details of Other (discrimination):

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

Has this happened before (reoccurrence?): No

Name of alleged perpetrator: URN:

Gender of alleged perpetrator: Details of other gender:

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status: Permanent Part-Time

Hours worked per week: Other

Work Unit: HCNAB

Section: Adult Acute Mental Health Services

Are you a shift worker?: Yes

How many hours have you worked this shift?: Start time:

Standard or rotating work: Intended length of shift:

Manager name: Kelly Chase

The reporter is: The person affected by the incident

Reporter's Name: [REDACTED]

Reporter's Position: Registered Nurse / Midwife

Details of other (position):

Provide a thorough investigation of the incident: Code failed to work during aggressive incident.

Who completed the investigation?: kelly Chase

Review Date: 27 March 2018

What control measures have been put in place?: Duress tested and sent for servicing. Duress system has undertaken maintenance. Staff member undertaking PART training.

Managers Additional comments:

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

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident?: No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

Classification

CMD Status: Transfer

Mechanism of Incident: GROUP 8 - Mental stress

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

Outcome: Moderate

Risk Rating: H

Potential Risk Rating:

Notifiable Incident: No

NIR Attached: No

Serious Injury or Illness:

Dangerous Incident:

Investigation/Findings adequate?: Yes

Controls adequate report: Yes

Control hierarchy: Administrative Controls

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

Security Related Incident: Yes

Property Management & Maintenance: No

Cleaning/Waste Environmental: No

Fire/Emergency/Evacuations/Parting/Fleet: No

Food Services: No

Bio-Medical: No

Radiation/Medical Physics: No

Sterilising: No

Infection Control: 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 require health monitoring?: No

Details of other:

477

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities : No

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still required: No

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still required: No

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

Journal Entries

<u>Date/Time</u>	<u>Journal Entry</u>	<u>Reference</u>	<u>Cost</u>
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Journal Type: General Comments

Created by: Reviewer 3, Workplace Safety
 28 Mar 18 11:42:00 Sent EAP advice on previous riskman related to this incident.
 Actioned: Yes
 Linked Document Path:

Mail Sent On:

Journal Type: Action Taken

Created by: Reviewer 2, Workplace Safety
 12 Apr 18 14:19:00 DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

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

Thank you for your assistance.
 Actioned: Yes
 Linked Document Path:

Mail Sent On:

Documents

No Attached Documents.

AGS/ ID Number: [REDACTED]	Related Incident ID:
First Name: [REDACTED]	Surname: [REDACTED]
Gender: Female	
Date of Birth: [REDACTED]	Age: [REDACTED]
Contact Number: [REDACTED]	
Job Title: [REDACTED]	
Is this a Student/Volunteer Incident?:	
Is this a contractor Incident?: No	Contractor Company:
Details of Other:	
Has the ACT Health Contractor Induction been completed?: No	Induction Date:
Incident Type (Hazard, Incident): Incident	Has a staff injury been sustained?: No
Incident Date: [REDACTED]	Incident Time: 17:00
Notification Date: [REDACTED]	Notification Time: 18:00
Total days to report (days): 0	Work Start Time: 12:00
Provide a brief Summary of the incident?: Previous patient of AMHU - [REDACTED] continuously calling and requesting to speak to myself [REDACTED]. Focus of conversation is violence.	
Provide more details of the incident?: [REDACTED]	
Incident Outline: Staff member reports harassing phone calls from previous consumer of AMHU.	
Body Part Affected: None	
Body Part Most Affected: None	
Has this incident also affected your psychological wellbeing?:	
Has this incident affected your work?: Yes	How much time was lost: Less than a full day of work was lost
Has the incident caused any impacts on service delivery?: Yes	Type of impact: Minor service interruption less than 1 day lost
Was there any plant/equipment involved?: No	
Provide Details:	
Plant Asset/Serial Number:	
Has a mainet been submitted?: No	Mainet Number:
Mainet Date:	
Treatment Required: No	
Treatment given:	
Details of Other (Treatment):	
Has your HSR been notified?: No	
Is a claim for workers compensation required?: No	
Have medical expenses occurred or likely?: No	Value of medical expenses:
Is a return to work plan required?: No	
Details (Return to work):	
What task was being performed at the time of the incident?: Phone Call	
Incident related to the task?: No	Do you have experience in performing this task?: Yes
Experience (months):	Experience (years): 1
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: Yes	Training recieved: Induction training Other training
Details of Other Training:	
Was personal protective equipment being worn?: Not Applicable	Details of PPE used: None
Other PPE Details:	
Were there any witnesses?: No	Witness # 1 Phone:
Witness #1 Name:	Witness # 2 Phone:
Witness #2 Name:	Witness #3 Phone:
Witness #3 Name:	Type of claimed Violence/Aggression: Violence/Aggression
Does the incident involve claimed Violence/Aggression/Discrimination or Bullying/Harassment?:	Violence/Aggression/Bullying/Harassment/Discrimination:
Who was involved? (ie. source): Patient/Client/Consumer	
Form of violence/aggression or bullying/harassment: Verbal	Details of Other:

Discrimination Involved (i.e. Patient/Client/Consumer source)?; Alleged form of discrimination: Has this happened before (reoccurrence)?; Name of alleged perpetrator: [REDACTED]; Gender of alleged perpetrator: Female; Physical Location: Adult Mental Health Unit (AMHU); Employment Status: Temporary Full-Time; Hours worked per week: 36 Hrs 45 Mins; Work Unit: HCNAB; Section: Adult Acute Mental Health Services; Are you a shift worker?: Yes; How many hours have you worked this shift?: 7; Standard or rotating work: Shift rotation not known; Manager name: Leanne Done; The reporter is: The person affected by the incident; Reporter's Name: [REDACTED]; Details of other (position): Provide a thorough investigation of the incident: Alleged repeated phone calls by consumer; Who completed the investigation?: Kelly Chase; What control measures have been put in place?: AFP notified. Planned meeting with Community case manager. Staff member to undertake learning through staff development unit in how to manage aggressive phone calls; Managers Additional comments: Was there a Dangerous Substance involved in the incident?: No; Name of the Dangerous Substance: Is this a WorkSafe ACT Notifiable Incident?: No; WorkSafe ACT Notification Date: Name of the person who notified: Name of inspector spoken to: Deceased: No; Police Notified?: No; Police Notification Date: Name of Officer Notified: De-Identified Information:

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

URN: [REDACTED]; Details of other gender: Other hours worked: Division: Mental & Justice Health, Alcohol & Drug Services; Sub Section: Adult Mental Health Unit (AMHU); Start time: Intended length of shift: Shift duration of up to and including 8 hrs; Manager phone: 61745404; Reporter's Position: Administrative Officer

Review Date: 12 April 2018

Classification

CMD Status: Transfer; Mechanism of Incident: GROUP 8 - Mental stress; Outcome: Minor; Risk Rating: L; Notifiable Incident: No; Serious Injury or Illness: Dangerous Incident: Investigation/Findings adequate?: Yes; Controls adequate report: Yes; Needlestick/sharp/splash/scratch/bite Incident: Property Management & Maintenance: No; Fire/Emergency/Evacuations/Parking/Fleet: No; Bio-Medical: No; Sterilising: No; Significant Incident Level: SI Details: Has an Occupational Risk Exposure (ORE) Occurred?: No; Is this a Dangerous Substances Related?: No

Subcategory of Mechanism of Incident : 82 Exposure to workplace or occupational violence; Potential Risk Rating: NIR Attached: No; Control hierarchy: Administrative Controls; Security Related Incident: No; Cleaning/Waste Environmental: No; Food Services: No; Radiation/Medical Physics: No; Infection Control: No; Significant Incident Type:

What was the nature of the potential Dangerous Substances exposure?:
 What was the route of potential exposure?:
 Is the substance a restricted or prohibited substance? No
 Is there an occupational threshold associated with this substance? No
 Does this substance require health monitoring? No

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

Significant Incident Category:

Person Responsible for SI

Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke

service sensitivities : No

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still

required: No

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still

required: No

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

Journal Entries

<u>Date/Time</u>	<u>Journal Entry</u>	<u>Reference</u>	<u>Cost</u>
Journal Type:	Action Taken		
Created by:	Reviewer 2, Workplace Safety		
03 Apr 18 10:27:00	DO NOT REPLY TO THIS AUTO GENERATED EMAIL		
	You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).		
	Please complete the required fields in the 'ORANGE' Managers section		
	1. Provide a thorough investigation of the incident		
	2. Review Date		
	3. What control measures have been put in place?		
	For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au		
	Thank you for your assistance.		
	Actioned: Yes	Mail Sent On:	10 Apr 18
	Linked Document Path:		

Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED]

First Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Contact Number: [REDACTED]

Job Title: [REDACTED]

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: 11:00

Notification Time: 13:32

Work Start Time: 08:30

Provide a brief Summary of the incident?:

[REDACTED]

Provide more details of the incident?:

[REDACTED]

Incident Outline: Staff member was physically assaulted by patient.

Body Part Affected: Front Left Palm
Right Back Foot

Body Part Most Affected: Right Back Foot

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: Yes

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

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No

Is a return to work plan required?: Not Applicable

Details (Return to work):

What task was being performed at the time of the incident?: [REDACTED]

Incident related to the task?: No

Experience (months):

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

Details of Other Training:

Was personal protective equipment being worn?: Not Applicable

Other PPE Details:

Were there any witnesses?: Yes

Witness #1 Name: Richard Bradshaw

How much time was lost: Minor injury or illness - no lost time

Type of impact:

Mainet Number:

Value of medical expenses:

Do you have experience in performing this task?: Yes

Experience (years): 20

Training recieved: Vocational/task-specific training

Details of PPE used: None

Witness # 1 Phone:

Witness #2 Name: Penny
 Witness #3 Name:
 Does the incident involve Yes
 claimed
 Violence/Aggression/Discriminat
 ion or Bullying/Harassment?:
 Who was involved? (ie. source): Patient/Client/Consumer
 Form of violence/aggression or
 bullying/harassment: Physical
 Discrimination Involved (i.e.
 source)?:
 Alleged form of discrimination:
 Has this happened before No
 (reoccurrence)?:
 Name of alleged perpetrator: [REDACTED]
 Gender of alleged perpetrator:
 Physical Location: Adult Mental Health Unit
 (AMHU)
 Employment Status: Casual Full-Time
 Hours worked per week: 38 Hrs
 Work Unit: HCAMH
 Section: Adult Mental Health Services
 Are you a shift worker?: No
 How many hours have you
 worked this shift?:
 Standard or rotating work:
 Manager name: Leanne Done
 The reporter is:: The person affected by the
 incident
 Reporter's Name: [REDACTED]
 Details of other (position):
 Provide a thorough investigation
 of the incident:
 Who completed the Leanne done
 investigation?:
 What control measures have Referred to Clinical Director on 27/04/18 for follow up with the staff member. Email sent to the staff
 been put in place?: member 18/5 to discuss incident, awaiting response. ADON spoke with Doctor who states they have
 debriefed with Psychiatry colleagues and does not have any ongoing issues or injuries from the
 incident. No time lost from work.
 Managers Additional comments:
 Was there a Dangerous No
 Substance involved in the
 incident?:
 Name of the Dangerous
 Substance:
 Is this a WorkSafe ACT No
 Notifiable Incident?:
 WorkSafe ACT Notification Date:
 Name of the person who
 notified:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information:

Witness # 2 Phone:
 Witness #3 Phone:
 Type of claimed Violence/Aggression
 Violence/Aggression/Bullying/Ha
 rassment/Discrimination:
 Details of Other:
 Details of Other
 (discrimination):
 Details of Other (alleged form):
 URN: [REDACTED]
 Details of other gender:
 Other hours worked:
 Division: Mental & Justice Health, Alcohol &
 Drug Services
 Sub Section: Adult Mental Health Services
 Start time:
 Intended length of shift: Shift duration of up to and
 including 8 hrs
 Manager phone: 45405
 Reporter's Position: Consultant
 Review Date: 18 May 2018
 How much of the Dangerous
 Substance was involved?:
 Was the site preserved?: No
 WorkSafe ACT Notification
 Method:
 Persons Position:
 Police Notification Time:
 Police Job Number:

Classification

CMD Status: Transfer
 Mechanism of Incident: GROUP 2 - Being hit by moving
 objects
 Outcome: Minor
 Risk Rating: M
 Notifiable Incident: No
 Serious Injury or Illness:
 Dangerous Incident:
 Investigation/Findings Yes
 adequate?:
 Controls adequate report: Yes
 Needlestick/sharp/splash/scratc No
 h/bite Incident:
 Subcategory of Mechanism of 29 Being assaulted by a person
 Incident : or persons
 Potential Risk Rating:
 NIR Attached: No
 Control hierarchy: Administrative Controls
 Security Related Incident: No

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

Cleaning/Waste Environmental: No

Food Services: No

Radiation/Medical Physics: No

Infection Control: No

Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities : 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 No

required:

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still No

required:

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Initial Report Submitted:

Date Interim Report Submitted:

Date Final Report Submitted:

Journal Entries

Date/Time

Journal Entry

Reference

485

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

05 Apr 18 10:29:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

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

Thank you for your assistance.

Actioned: Yes

Mail Sent On:

12 Apr 18

Linked Document Path:

Documents

No Attached Documents.

- End of Record -

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

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

Is this a Student/Volunteer Incident?:
Is this a contractor incident?: No
Details of Other:

Contractor Company:

Has the ACT Health Contractor Induction been completed?: No
Incident Type (Hazard, Incident): Incident
Incident Date: [Redacted]
Notification Date: [Redacted]

Induction Date:
Has a staff injury been sustained?: Yes
Incident Time: 17:20
Notification Time: 21:52
Work Start Time: 13:00

Total days to report (days): 0.2

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: Front Left Upper Arm

Body Part Most Affected: Front Left Upper Arm

Has this incident also affected your psychological wellbeing?:
Has this incident affected your work?: Yes

How much time was lost: Minor injury or illness - no lost time

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

Type of impact:

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Mainet Number:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: Yes

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No

Value of medical expenses:

Is a return to work plan required?: Not Applicable

Details (Return to work):

What task was being performed at the time of the incident?: [Redacted] a.

Incident related to the task?: Yes

Do you have experience in performing this task?: Yes

Experience (months): 5

Experience (years): 1

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

Training recieved: Other training

Details of Other Training: P.A.R.T training

Was personal protective equipment being worn?: Yes

Details of PPE used: Hand Protection

Other PPE Details:

Were there any witnesses?: Yes

Witness #1 Name: Meenu Rana

Witness # 1 Phone: Care of AMHU

Witness #2 Name: Mark Collado

Witness # 2 Phone: Care of AMHU

Witness #3 Name:

Witness #3 Phone:

Does the incident involve claimed

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

Violence/Aggression/Discrimination or Bullying/Harrasment?:

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

Form of violence/aggression or bullying/harrasment: Physical

Details of Other: Physical and Verbal Violence

Discrimination Involved (i.e. source)?:
 Alleged form of discrimination:
 Has this happened before (reoccurrence)? No
 Name of alleged perpetrator: [REDACTED]
 Gender of alleged perpetrator: Female
 Physical Location: Adult Mental Health Unit (AMHU)
 Employment Status: Permanent Full-Time
 Hours worked per week: 38 Hrs
 Work Unit: HCNAB
 Section: Adult Acute Mental Health Services
 Are you a shift worker?: Yes
 How many hours have you worked this shift?: 8
 Standard or rotating work: Component or rotating shift work arrangement
 Manager name: Kelly Chase
 The reporter is: The person affected by the incident
 Reporter's Name: [REDACTED]
 Details of other (position):
 Provide a thorough investigation of the incident: [REDACTED]
 Who completed the investigation?: Kelly Chase
 What control measures have been put in place?: [REDACTED]
 Managers Additional comments:
 Was there a Dangerous Substance involved in the incident?: No
 Name of the Dangerous Substance:
 Is this a WorkSafe ACT Notifiable Incident?: No
 WorkSafe ACT Notification Date:
 Name of the person who notified:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information:

Details of Other (discrimination):
 Details of Other (alleged form):
 URN: [REDACTED]
 Details of other gender:
 Other hours worked:
 Division: Mental & Justice Health, Alcohol & Drug Services
 Sub Section: Adult Mental Health Unit (AMHU)
 Start time:
 Intended length of shift: Shift duration of up to and including 8 hrs
 Manager phone: AMHU
 Reporter's Position: Enrolled Nurse

Review Date: 19 April 2018
 Offer
 EAP support, declined at this stage. Staff PART trained and techniques utilised to transfer consumer.
 [REDACTED]

Classification

CMD Status: Transfer
 Mechanism of Incident: GROUP 2 - Being hit by moving objects
 Outcome: Minor
 Risk Rating: L
 Notifiable Incident: No
 Serious Injury or Illness:
 Dangerous Incident:
 Investigation/Findings adequate?: Yes
 Controls adequate report: Yes
 Needlestick/sharp/splash/scratches/bite Incident: No
 Property Management & Maintenance: No
 Fire/Emergency/Evacuations/Parking/Fleet: No
 Bio-Medical: No
 Sterilising: No
 Significant Incident Level:
 SI Details:

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons
 Potential Risk Rating:
 NIR Attached: No
 Control hierarchy: Administrative Controls
 Security Related Incident: No
 Cleaning/Waste Environmental: No
 Food Services: No
 Radiation/Medical Physics: No
 Infection Control: No
 Significant Incident Type:

Has an Occupational Risk Exposure (ORE) Occurred?: No
 Is this a Dangerous Substances Related?: No
 What was the nature of the potential Dangerous Substances exposure?:
 What was the route of potential exposure?:
 Is the substance a restricted or prohibited substance?: No
 Is there an occupational threshold associated with this substance?: No
 Does this substance requiring health monitoring?: No

Details of other:
 Details:
 Details Threshold:
 Details Monitoring:

Significant Incident Details

Significant Incident Category:
 Person Responsible for SI Report:
 Initial SI Report: No
 Media Interest: No
 Complaint by Family/Carer: No
 Circumstances Likely to evoke service sensitivities : No
 Initial SI Comments:
 Initial Report Submitted: No
 Initial Report Submitted By:
 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

<u>Date/Time</u>	<u>Journal Entry</u>	<u>Reference</u>	<u>Cost</u>
Journal Type:	Action Taken		
Created by: 19 Apr 18 10:01:00	Reviewer 2, Workplace Safety DO NOT REPLY TO THIS AUTO GENERATED EMAIL You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR). Please complete the required fields in the 'ORANGE' Managers section 1. Provide a thorough investigation of the incident 2. Review Date 3. What control measures have been put in place? For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au Thank you for your assistance. Actioned: Yes Linked Document Path:		
		Mail Sent On:	

Documents

No Attached Documents.

Staff Incident ID: 745239

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

First Name: [REDACTED] Surname: [REDACTED]

Gender: Female Age: [REDACTED]

Date of Birth: [REDACTED]

Contact Number: [REDACTED]

Job Title: [REDACTED]

Is this a Student/Volunteer Incident?: [REDACTED]

Is this a contractor incident?: No Contractor Company: [REDACTED]

Details of Other: [REDACTED]

Has the ACT Health Contractor Induction been completed?: No Induction Date: [REDACTED]

Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: No

Incident Date: [REDACTED] Incident Time: 00:40

Notification Date: [REDACTED] Notification Time: 03:56

Total days to report (days): 0.1 Work Start Time: [REDACTED]

Provide a brief Summary of the incident?: Physical assault

Provide more details of the incident?: [REDACTED]

Incident Outline: Staff member assaulted by client.

Body Part Affected: Back Right Lower Arm

Body Part Most Affected: Back Right Lower Arm

Has this incident also affected your psychological wellbeing?: [REDACTED]

Has this incident affected your work?: Yes How much time was lost: No injury or illness - hazardous situation

Has the incident caused any impacts on service delivery?: No Type of impact: [REDACTED]

Was there any plant/equipment involved?: No

Provide Details: [REDACTED]

Plant Asset/Serial Number: [REDACTED]

Has a mainet been submitted?: No Mainet Number: [REDACTED]

Mainet Date: [REDACTED]

Treatment Required: No

Treatment given: [REDACTED]

Details of Other (Treatment): [REDACTED]

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No Value of medical expenses: [REDACTED]

Is a return to work plan required?: [REDACTED]

Details (Return to work): [REDACTED]

What task was being performed at the time of the incident?: [REDACTED]

Incident related to the task?: Yes Do you have experience in performing this task?: No

Experience (months): [REDACTED] Experience (years): [REDACTED]

Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No Training recieved: [REDACTED]

Details of Other Training: [REDACTED]

Was personal protective equipment being worn?: Yes Details of PPE used: Hand Protection

Other PPE Details: [REDACTED]

Were there any witnesses?: Yes

Witness #1 Name: Mariam Thomas Witness # 1 Phone: 61745446

Witness #2 Name: Jitesh John Witness # 2 Phone: 61745446

Witness #3 Name: [REDACTED] Witness #3 Phone: [REDACTED]

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

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

Form of violence/aggression or bullying/harassment: Physical Details of Other: [REDACTED]

Discrimination Involved (i.e. source?):
 Alleged form of discrimination:
 Has this happened before (reoccurrence?): No
 Name of alleged perpetrator: [REDACTED]
 Gender of alleged perpetrator: [REDACTED]
 Physical Location: Adult Mental Health Unit (AMHU)
 Employment Status:
 Hours worked per week:
 Work Unit: HCNAB
 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: Kelly Chase
 The reporter is: The person affected by the incident
 Reporter's Name: [REDACTED]
 Details of other (position):
 Provide a thorough investigation of the incident: [REDACTED]
 [REDACTED]. The staff member reports no injury or medical follow up required. [REDACTED]
 Who completed the investigation?: Kelly Chase
 Review Date: 23 April 2018
 What control measures have been put in place?: Staff PART trained. Offered EAP and management support if required. Staff member declined medical follow up [REDACTED]
 Managers Additional comments:
 Was there a Dangerous Substance involved in the incident?: No
 Name of the Dangerous Substance:
 Is this a WorkSafe ACT Notifiable Incident?: No
 WorkSafe ACT Notification Date:
 Name of the person who notified:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information:

Details of Other (discrimination):
 Details of Other (alleged form):
 URN: [REDACTED]
 Details of other gender:
 Other hours worked:
 Division: Mental & Justice Health, Alcohol & Drug Services
 Sub Section: Adult Mental Health Unit (AMHU)
 Start time:
 Intended length of shift:
 Manager phone: 61745454
 Reporter's Position: Registered Nurse / Midwife

Classification

CMD Status: Transfer
 Mechanism of Incident: GROUP 2 - Being hit by moving objects
 Outcome: Insignificant
 Risk Rating: L
 Notifiable Incident: No
 Serious Injury or Illness:
 Dangerous Incident:
 Investigation/Findings adequate?: Yes
 Controls adequate report: Yes
 Needlestick/sharp/splash/scratch/bite Incident: No
 Property Management & Maintenance: No
 Fire/Emergency/Evacuations/Parking/Fleet:
 Bio-Medical: No
 Sterilising: No
 Significant Incident Level:
 SI Details:
 Has an Occupational Risk Exposure (ORE) Occurred?: No

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons
 Potential Risk Rating:
 NIR Attached: No
 Control hierarchy: Administrative Controls
 Security Related Incident: No
 Cleaning/Waste Environmental: No
 Food Services: No
 Radiation/Medical Physics: No
 Infection Control: No
 Significant Incident Type:

Is this a Dangerous Substances No
Related?:
What was the nature of the
potential Dangerous Substances
exposure?:
What was the route of potential
exposure?:
Is the substance a restricted or No
prohibited substance?:
Is there an occupational No
threshold associated with this
substance?:
Does this substance requiring No
health monitoring?:

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

Significant Incident Category:

Person Responsible for SI

Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke No

service sensitivities :

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still No

required:

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still No

required:

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

Journal Entries

<u>Date/Time</u>	<u>Journal Entry</u>	<u>Reference</u>	<u>Cost</u>
Journal Type:	Action Taken		
Created by:	Reviewer 2, Workplace Safety		
19 Apr 18 10:21:00	DO NOT REPLY TO THIS AUTO GENERATED EMAIL		
	You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).		
	Please complete the required fields in the 'ORANGE' Managers section		
	1. Provide a thorough investigation of the incident		
	2. Review Date		
	3. What control measures have been put in place?		
	For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au		
	Thank you for your assistance.		
	Actioned: Yes	Mail Sent On:	
	Linked Document Path:		

Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [Redacted]

Related Incident ID:

First Name: [Redacted]

Surname: [Redacted]

Gender: Female

Date of Birth: [Redacted]

Age: [Redacted]

Contact Number:

Job Title:

Is this a Student/Volunteer

Incident?:

Is this a contractor incident?: No

Details of Other:

Contractor Company:

Has the ACT Health Contractor

Induction been completed?: No

Induction Date:

Incident Type (Hazard, Incident): Incident

Has a staff injury been sustained?: No

Incident Date: [Redacted]

Incident Time: 09:00

Notification Date: [Redacted]

Notification Time: 18:02

Total days to report (days): 2.4

Work Start Time:

Provide a brief Summary of the incident?: Author was pushed and grabbed by a consumer

Provide more details of the incident?:

[Redacted]

Incident Outline: Staff member pushed and grabbed by agitated consumer.

Body Part Affected: Front Left Upper Arm
Front Right Upper Arm
Left Front Shoulder
Right Front Shoulder

Body Part Most Affected: Right Front Shoulder

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: No

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

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

Type of impact:

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Mainet Number:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses ocured or likely?: No

Value of medical expenses:

Is a return to work plan required?:

Details (Return to work):

What task was being performed at the time of the incident?: [Redacted]

Incident related to the task?: No

Do you have experience in performing this task?: No

Experience (months):

Experience (years):

Have you received specific training in the task/work being performed at the time of the accident/incident?: No

Training received:

Details of Other Training:

Was personal protective equipment being worn?: Not Applicable

Details of PPE used: None

Other PPE Details:

Were there any witnesses?: Yes

Witness # 1 Name:

Witness # 1 Phone:

Witness # 2 Name:

Witness # 2 Phone:

Witness # 3 Name:

Witness # 3 Phone:

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

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

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

Form of violence/aggression or bullying/harassment: Physical

Details of Other:

Discrimination Involved (i.e. source?):

Details of Other (discrimination):

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

Has this happened before (reoccurrence)? No

URN:

Name of alleged perpetrator:

Details of other gender:

Gender of alleged perpetrator:

Physical Location: Adult Mental Health Unit (AMHU)

Employment Status: Permanent Full-Time

Other hours worked:

Hours worked per week: 38 Hrs

Division: Mental & Justice Health, Alcohol & Drug Services

Work Unit: HCNAB

Sub Section: Adult Mental Health Unit (AMHU)

Section: Adult Acute Mental Health Services

Are you a shift worker?: No

Start time:

How many hours have you worked this shift?:

Intended length of shift:

Standard or rotating work:

Manager name: Kelly R Chase

Manager phone: 45452

The reporter is: The person affected by the incident

Reporter's Name: [REDACTED]

Reporter's Position: Registered Nurse / Midwife

Details of other (position):

Provide a thorough investigation of the incident:

[REDACTED]. Staff member denies any injury was sustained and did not require medical follow up. EAP offered but declined.

Who completed the investigation?: Kelly Chase

Review Date: 23 April 2018

What control measures have been put in place?: Ongoing PART training for staff. Duress system utilised to manage increasing agitation. Advised of access to EAP and to discuss with senior staff if required. Ongoing verbal de-escalation first line the de-escalation and PRN utilised to aid in managing agitation. [REDACTED] provided with support by team. Ongoing follow up to ensure education and support by facilitator and team. [REDACTED].

Managers Additional comments:

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

Name of the Dangerous Substance:

How much of the Dangerous Substance was involved?:

Is this a WorkSafe ACT Notifiable Incident?: No

Was the site preserved?: No

WorkSafe ACT Notification Date:

WorkSafe ACT Notification Method:

Name of the person who notified:

Persons Position:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Police Notification Time:

Name of Officer Notified:

Police Job Number:

De-Identified Information:

Classification

CMD Status: Transfer
 Mechanism of Incident: GROUP 2 - Being hit by moving objects
 Outcome: Insignificant
 Risk Rating: M
 Notifiable Incident: No
 Serious Injury or Illness: No
 Dangerous Incident: No
 Investigation/Findings adequate?: Yes
 Controls adequate report: Yes
 Needlestick/sharp/splash/scratches/bite Incident: No
 Property Management & Maintenance: No
 Fire/Emergency/Evacuations/Parking/Fleet: No
 Bio-Medical: No
 Sterilising: No
 Significant Incident Level: SI Details:
 Has an Occupational Risk Exposure (ORE) Occurred?: No
 Is this a Dangerous Substances Related?: No
 What was the nature of the potential Dangerous Substances exposure?:
 What was the route of potential exposure?:
 Is the substance a restricted or prohibited substance?: No
 Is there an occupational threshold associated with this substance?: No
 Does this substance requiring health monitoring?: No

Subcategory of Mechanism of Incident : 29 Being assaulted by a person or persons

Potential Risk Rating:
 NIR Attached: No

Control hierarchy: Administrative Controls
 Security Related Incident: No
 Cleaning/Waste Environmental: No
 Food Services: No
 Radiation/Medical Physics: No
 Infection Control: No
 Significant Incident Type:

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

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

Journal Entries

Date/Time

Journal Entry

Reference

496

Cost

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

23 Apr 18 08:51:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

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

Please complete the required fields in the 'ORANGE' Managers section

1. Provide a thorough investigation of the incident
2. Review Date
3. What control measures have been put in place?

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

Thank you for your assistance.

Actioned: Yes

Mail Sent On:

Linked Document Path:

Documents

No Attached Documents.

- End of Record -

Discrimination Involved (i.e. source?):		Details of Other (discrimination):	
Alleged form of discrimination:		Details of Other (alleged form):	
Has this happened before (reoccurrence?):	No		
Name of alleged perpetrator:	[REDACTED]	URN:	[REDACTED]
Gender of alleged perpetrator:	Male	Details of other gender:	
Physical Location:	Adult Mental Health Unit (AMHU)		
Employment Status:		Other hours worked:	
Hours worked per week:		Division:	Mental & Justice Health, Alcohol & Drug Services
Work Unit:	HCNAB	Sub Section:	Adult Mental Health Unit (AMHU)
Section:	Adult Acute Mental Health Services		
Are you a shift worker?:	Yes	Start time:	
How many hours have you worked this shift?:		Intended length of shift:	
Standard or rotating work:		Manager phone:	0261745452
Manager name:	Kelly Chase		
The reporter is: The person affected by the incident		Reporter's Position:	Registered Nurse / Midwife
Reporter's Name:	[REDACTED]		
Details of other (position):			
Provide a thorough investigation of the incident:	[REDACTED]. Staff member attempted to intervene while maintaining their safety. Staff member does not recall exactly how they injured their wrist during altercation but reports was sore for a couple of days after. Did not require any medical follow up.		
Who completed the investigation?:	Kelly Chase	Review Date:	7 May 2018
What control measures have been put in place?:	Staff PART trained. Ongoing education with staff about maintaining their safety. [REDACTED]. Staff member advised of access to EAP.		
Managers Additional comments:			
Was there a Dangerous Substance involved in the incident?:	No	How much of the Dangerous Substance was involved?:	
Name of the Dangerous Substance:		Was the site preserved?:	No
Is this a WorkSafe ACT Notifiable Incident?:	No	WorkSafe ACT Notification Method:	
WorkSafe ACT Notification Date:		Persons Position:	
Name of the person who notified:			
Name of inspector spoken to:			
Deceased:	No	Police Notification Time:	
Police Notified?:	No	Police Job Number:	
Police Notification Date:			
Name of Officer Notified:			
De-Identified Information:			

Classification

CMD Status:	Transfer	Subcategory of Mechanism of Incident :	29 Being assaulted by a person or persons
Mechanism of Incident:	GROUP 2 - Being hit by moving objects		
Outcome:	Minor	Potential Risk Rating:	
Risk Rating:	M	NIR Attached:	No
Notifiable Incident:	No	Control hierarchy:	Administrative Controls
Serious Injury or Illness:		Security Related Incident:	No
Dangerous Incident:		Cleaning/Waste Environmental:	No
Investigation/Findings adequate?:	Yes	Food Services:	No
Controls adequate report:	Yes	Radiation/Medical Physics:	No
Needlestick/sharp/splash/splash/bite Incident:	No	Infection Control:	No
Property Management & Maintenance:	No	Significant Incident Type:	
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 require health monitoring?: No

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities : No

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still required: No

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still required: No

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

Journal Entries

<u>Date/Time</u>	<u>Journal Entry</u>	<u>Reference</u>	<u>Cost</u>
Journal Type:	Action Taken		
Created by:	Reviewer 3, Workplace Safety		
26 Apr 18 10:31:00	DO NOT REPLY TO THIS AUTO GENERATED EMAIL		
	You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).		
	Please complete the required fields in the 'ORANGE' Managers section		
	1. Provide a thorough investigation of the incident		
	2. Review Date		
	3. What control measures have been put in place?		
	For additional advice please contact the Workplace Safety support line on 6174 8060 workplacesafety@act.gov.au		
	Actioned: Yes	Mail Sent On:	03 May 18
	Linked Document Path:		

Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED]
First Name: [REDACTED]
Gender: Male
Date of Birth: [REDACTED]
Contact Number: [REDACTED]
Job Title: Registered Nurse

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

Is this a Student/Volunteer Incident?:
Is this a contractor incident?: No
Details of Other:

Contractor Company:

Has the ACT Health Contractor Induction been completed?: No
Incident Type (Hazard, Incident): Incident

Induction Date:

Has a staff injury been sustained?: Yes
Incident Time: 00:15
Notification Time: 02:34
Work Start Time: 21:00

Incident Date: [REDACTED]
Notification Date: [REDACTED]

Total days to report (days): 0.1

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

Provide more details of the incident?: [REDACTED]

Incident Outline: Staff member physically assaulted by consumer.

Body Part Affected: Front Neck

Body Part Most Affected: Front Neck

Has this incident also affected your psychological wellbeing?:
Has this incident affected your work?: No

How much time was lost: Minor injury or illness - no lost time

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

Type of impact:

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Mainet Number:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses occurred or likely?: No

Value of medical expenses:

Is a return to work plan required?: No

Details (Return to work):

What task was being performed at the time of the incident?: [REDACTED]

Incident related to the task?: No

Do you have experience in performing this task?: Yes

Experience (years): 7

Training recieved: Other 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:

Was personal protective equipment being worn?: Yes

Other PPE Details:

Details of PPE used: Hand Protection

Were there any witnesses?: Yes

Witness #1 Name: Terrin Nadar

Witness # 1 Phone: 0261745445

Witness #2 Name:

Witness # 2 Phone:

Witness #3 Name:

Witness #3 Phone:

Does the incident involve claimed

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

Violence/Aggression/Discrimination or Bullying/Harassment?:

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

Form of violence/aggression or bullying/harassment: Physical

Details of Other:

Discrimination Involved (i.e. source?):
 Alleged form of discrimination:
 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: Permanent Full-Time
 Hours worked per week: 38 Hrs Other hours worked:
 Work Unit: HCNAB Division: Mental & Justice Health, Alcohol & Drug Services
 Section: Adult Acute Mental Health Services Sub Section: Adult Mental Health Unit (AMHU)
 Are you a shift worker? Yes
 How many hours have you worked this shift? 10 Start time:
 Standard or rotating work: Component or rotating shift work arrangement Intended length of shift:
 Manager name: Kelly R Chase Manager phone: 0261745445
 The reporter is: The person affected by the incident
 Reporter's Name: [REDACTED] Reporter's Position: Registered Nurse / Midwife
 Details of other (position):
 Provide a thorough investigation of the incident: [REDACTED]
 Who completed the investigation?: Kelly Chase & Leanne Done (21/05/18) Review Date: 7 May 2018
 What control measures have been put in place?: Appropriate follow up with AH CNC for ORE. Staff member did not access EAP, stated they did not need to. No days of work lost. Staff member states they do not feel adversely affected by the incident and has had no adverse issues with the scratch site.
 Managers Additional comments:
 Was there a Dangerous Substance involved in the incident? No
 Name of the Dangerous Substance: How much of the Dangerous Substance was involved?:
 Is this a WorkSafe ACT Notifiable Incident? No Was the site preserved?: No
 WorkSafe ACT Notification Date: WorkSafe ACT Notification Method:
 Name of the person who notified: Persons Position:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date: Police Notification Time:
 Name of Officer Notified: Police Job Number:
 De-Identified Information:

Classification

CMD Status: Transfer
 Mechanism of Incident: GROUP 2 - Being hit by moving objects Subcategory of Mechanism of Incident: 29 Being assaulted by a person or persons
 Outcome: Moderate
 Risk Rating: M Potential Risk Rating:
 Notifiable Incident: No NIR Attached: No
 Serious Injury or Illness:
 Dangerous Incident:
 Investigation/Findings adequate?: Yes
 Controls adequate report: Yes Control hierarchy: Administrative Controls
 Needlestick/sharp/splash/scratch/bite Incident: Yes Security Related Incident: No
 Property Management & Maintenance: No Cleaning/Waste Environmental: No
 Fire/Emergency/Evacuations/Parking/Fleet: No Food Services: No
 Bio-Medical: No Radiation/Medical Physics: No
 Sterilising: No Infection Control: No
 Significant Incident Level: Significant Incident Type:

SI Details:
 Has an Occupational Risk Exposure (ORE) Occurred?: No
 Is this a Dangerous Substances Related?: No
 What was the nature of the potential Dangerous Substances exposure?:
 What was the route of potential exposure?:
 Is the substance a restricted or prohibited substance?: No
 Is there an occupational threshold associated with this substance?: No
 Does this substance requiring health monitoring?: No

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities : No

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still required: No

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still required: No

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

Journal Entries

<u>Date/Time</u>	<u>Journal Entry</u>	<u>Reference</u>	<u>Cost</u>
Journal Type:	Action Taken		
Created by: 27 Apr 18 08:11:00	Reviewer 2, Workplace Safety DO NOT REPLY TO THIS AUTO GENERATED EMAIL		
	You have been identified as the manager of a staff member who submitted a Staff Accident Incident Report (SAIR).		
	Please complete the required fields in the 'ORANGE' Managers section		
	1. Provide a thorough investigation of the incident 2. Review Date 3. What control measures have been put in place?		
	For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au		
	Thank you for your assistance.		
	Actioned: Yes	Mail Sent On:	04 May 18
	Linked Document Path:		

Documents

- End of Record -

AGS/ ID Number: [REDACTED] Related Incident ID:
First Name: [REDACTED] Surname: [REDACTED]
Gender: Female
Date of Birth: [REDACTED] Age: [REDACTED]
Contact Number:
Job Title:
Is this a Student/Volunteer Incident?:
Is this a contractor incident?: No Contractor Company:
Details of Other:
Has the ACT Health Contractor Induction been completed?: No Induction Date:
Incident Type (Hazard, Incident): Incident Has a staff injury been sustained?: No
Incident Date: [REDACTED] Incident Time: 20:05
Notification Date: [REDACTED] Notification Time: 21:30
Total days to report (days): 0.1 Work Start Time:
Provide a brief Summary of the incident?: [REDACTED]
Provide more details of the incident?: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
Incident Outline: Staff member kicked in the stomach by agitated consumer.
Body Part Affected: Front Upper Left Abdomen
Front Upper Right Abdomen
Lower Left Front Abdomen
Lower Right Front Abdomen
Body Part Most Affected: Lower Left Front Abdomen
Has this incident also affected your psychological wellbeing?:
Has this incident affected your work?: Yes How much time was lost: Minor injury or illness - no lost time
Has the incident caused any impacts on service delivery?: No Type of impact:
Was there any plant/equipment involved?: No
Provide Details:
Plant Asset/Serial Number:
Has a mainet been submitted?: No Mainet Number:
Mainet Date:
Treatment Required: No
Treatment given:
Details of Other (Treatment):
Has your HSR been notified?: No
Is a claim for workers compensation required?: No
Have medical expenses occurred or likely?: No Value of medical expenses:
Is a return to work plan required?: Yes
Details (Return to work):
What task was being performed at the time of the incident?: [REDACTED]
Incident related to the task?: Yes Do you have experience in performing this task?: No
Experience (months):
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No Experience (years):
Details of Other Training: Training recieved:
Was personal protective equipment being worn?: Not Applicable Details of PPE used: Hand Protection
Other PPE Details:
Were there any witnesses?: No
Witness #1 Name: Witness # 1 Phone:
Witness #2 Name: Witness # 2 Phone:
Witness #3 Name: Witness #3 Phone: