

## Work Safety Tier 2 Meeting: MH, JH & ADS Workplace Safety Committee Meeting To: Executive Director Mental Health, Justice Health and Alcohol & Drug Services

Submitted by: Dannielle Nagle and Deborah Plant

Monthly Report for: Justice Health Services & Dhulwa Mental Health Unit

KEY INDICATORS		YES	NO
1.	Were any <b>incident reports</b> risk rated as HIGH/EXTREME or were there any CLUSTERS in the previous month?	Yes	No
2.	If <b>YES</b> are these risks being elevated to the Tier 2 Committee to be addressed at this meeting? <i>Please provide details and add to the Corrective Action Plan – See over</i>	Yes	No
3.	Have there been any <b>Notifiable Incidents</b> reported to WorkSafe ACT? <i>If YES provide details and add to the Corrective Action Plan – See over</i>	Yes	No
4.	Has the Programs WHS section of the <b>RISK REGISTER</b> been reviewed to include (if required) any identified accidents/incidents/hazards or clusters? <i>If NO explain why this did not occur. Source for this information: SAIR Monthly Reports, provided by WorkPlace Safety</i>	Yes	No
5.	Were all <b>PLANNED INSPECTIONS</b> conducted for the last month? <i>If NO explain why this did not occur.</i>	Yes	No
6.	At <b>STAFF MEETINGS</b> were WHS issues discussed and minuted for the month? <i>If NO explain why has did not occur.</i>	Yes	No
7.	At the Program WHS meeting were WHS issues discussed and minuted for the quarter? <i>If NO, explain why this did not occur.</i>	Yes	No
8.	Was a <b>QUOROM</b> achieved in every Program WHS meeting? <i>If NO, explain why this did not occur.</i>	Yes	No
9.	Are <b>HSRs</b> attending the Program WHS meetings identified (as HSRs) in the Minutes?	Yes	No
10.	Has an ' <b>Annual Safety Check</b> ' been conducted? Use WHSF.41a and WHSF.41b	Yes	No
11.	What was the date of the last <b>Annual Safety Check</b> 28 / 8 / 17 <i>If OVERDUE explain why this did not occur.</i>		
12.	Has the annual review of the Tier 2 HSC <b>WHS Goals and Management Plans</b> occurred? Use WHSF.02 <i>If OVERDUE explain why this did not occur.</i>	Yes	No
13.	Division/Branch SharePoint listing of HSR's and First Aiders <ul style="list-style-type: none"> <li>• Are all staff represented by a HSR and first Aider?</li> <li>• Is HSR and First Aid training current (e.g. initial training and annual refresher)?</li> <li>• Are HSR and First Aider details up to date on Sharepoint?</li> </ul>	Yes Yes Yes	No No No
14.	<b>Recommendations/Comments</b> (e.g. for noting, for advice etc)		
15.	<b>Staff Wellbeing</b>		
Submitted by	Dannielle Nagle	Operational Director JHS	6/6/18
	Deborah Plant	Operational Director DMHU	6/6/18
Authorised by			

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

Send to: [Katrina.bracher@act.gov.au](mailto:Katrina.bracher@act.gov.au)

# MONTHLY WORK SAFETY REPORT

## CORRECTIVE ACTION PLAN

IDENTIFIED INCIDENT/ ACCIDENT/ HAZARD/ CLUSTER/ WHS ISSUE/ DEFECT	DATE ISSUE IDENTIFIED	RISK RATING *	CORRECTIVE ACTIONS **	PERSON RESPONSIBLE	TIMEFRAME FOR COMPLETION ***	DATE ACTIONS STARTED	STATUS/COMMENTS
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

## MONTHLY WORK SAFETY REPORT

<p><b>DMHU - Nurse Escorts feel unsafe.</b>          Concerns raised re escorting of some consumers at 1:1 ratio. Safety concerns raised relate to occupational violence and sexual assault (including consumers that may have a history of sexual assault).          Other issues noted included:</p> <ul style="list-style-type: none"> <li>• Not having a witness when an incident occurs.</li> </ul> <p>Lack of consumer supervision if the staff member needs to go to the toilet.</p>	<p>March 2018</p>	<p>TBA – WPS risk Ax requesting in April 2018</p>	<p>Meeting with Management Team, HSRs and ACT WPS to work through specific corrective action plan</p>	<p>Deb Plant Denise Meyboom</p>	<p>As soon as possible</p>	<p>March 2018</p>	<p>managed at Tier 1.   <u>March 2018</u>          WPS meeting held on 23 March 2018 to raise concern. Meeting Minutes – "HRS Concerns for Discussion – Dhulwa" was tabled in March report.           Interim safety measures agreed by all parties until review could be conducted   <u>April 2018</u>          Formal risk assessment requested through ACT Health WPS team   <u>May 2018</u>          Meeting with staff, MHJHADS DON and ANMF occurred on the 17 May and issues relating to escorts was discussed           DMHU management team and clinical and operational directors have reviewed leave panel procedures.          Current procedure and risk assessment processes are consistent with other jurisdictions, evidence based and</p>
---	-------------------	---	---	-------------------------------------	----------------------------	-------------------	--

**MONTHLY WORK SAFETY REPORT**

<p>robust. Occasions of therapeutic leave in which no or staff escort only is required for non-custodial people participating in the rehabilitation program is appropriate to the rehabilitation journey.</p>								
<p>DMHU Leave Procedure is being updated to ensure greater clarification for staff</p>								
<p>DMHU team have conducted site visits to other jurisdictions for the purposes of benchmarking and have agreed that local procedures will be updated to reflect the need for two staff to be present when transporting people in government vehicles. Otherwise staff are able to use taxis for those people who only require a 1:1 escort.</p>								
<p>Transport of people in vehicles is being reviewed by the MHJHADS WPS rep to ensure consistency across the Division</p>								



## MONTHLY WORK SAFETY REPORT

<p><b>DMHU - Distance between Seclusion Rooms and Main Facility</b> Concerns raised re escorting an agitated consumer through a hallway with four doors to reach seclusion rooms.</p>	<p>March 2018</p>	<p>TBA</p>	<p>Meeting with Management Team, HSRs and ACT WPS to work through specific corrective action plan</p>	<p>Deb Plant</p>	<p>As soon as possible</p>	<p>March 2018</p>	<p>Safe escort procedures are to be incorporated in local DMHU training and orientation programs and will be monitored by the CDN's and CNE</p> <p>Staff are encouraged to address all issues of concern relating to escorts / patient transports the MDT or DMHU management team, highlighting issues of deteriorating patient or clinical concerns that require escalation</p>
						<p>March 2018</p> <p>WPS meeting held on 23 March 2018 to raise concern. Meeting Minutes – "HRS Concerns for Discussion – Dhulwa" was tabled in March report.</p>	<p>It was acknowledged that the layout of the facility is unable to be changed and this clinical space needs to be managed operationally.</p> <p>May 2018 – DMHU Operational procedures are currently being</p>

## MONTHLY WORK SAFETY REPORT

<p><b>DMHU - Consumers using metal Cutlery</b> Concerns raised re consumers having access to metal cutlery in meal room. Staff would like to see introduction of plastic cutlery.</p>	<p>March 2018</p>	<p>TBA</p>	<p>Meeting with Management Team, HSRs and ACT WPS to work through specific corrective action plan</p>	<p>Deb Plant Denise Meyboom</p>	<p>As soon as possible</p>	<p>March 2018</p>	<p>updated to reflect: 1. Improved identification of deteriorating patient 2. Operational management of de-escalation suite and seclusion rooms  These procedures will be circulated for staff comment when the draft is complete and will be formalised through the existing CHHS endorsement process</p>
							<p>March 2018 WPS meeting held on 23 March 2018 to raise concern. Meeting Minutes – "HRS Concerns for Discussion – Dhulwa" was tabled in March report.  Cutlery to be reviewed and consideration to be given to the size of current cutlery, and the need to replace with a smaller option e.g. the forks were described as being as being unnecessarily large.  It was agreed that a flexible approach should be taken based on ward</p>

## MONTHLY WORK SAFETY REPORT

<p><b>DMHU - Violence Prevention Management (VPM)</b></p> <ol style="list-style-type: none"> <li>1. Incident where nurses were required to enter seclusion room with a consumer who was not adequately medicated, resulting in injuries to four staff.</li> <li>2. Concerns raised regarding appropriateness of PPE, such as</li> </ol>	<p>March 2018</p>	<p>TBA</p>	<p>Meeting with Management Team, HSRs and ACT WPS to work through specific corrective action plan</p>	<p>Deb Plant</p>	<p>As soon as possible</p>	<p>March 2018</p>	<p>and patient acuity. With plastic cutlery being one option only in certain situations.</p> <p>May 2018 MHJHADS WPS rep conducting benchmarking against other jurisdictions. Also attempting to identify and purchase forks with a smaller prongs</p>
							<p>March 2018 WPS meeting held on 23 March 2018 to raise concern. Meeting Minutes – "HRS Concerns for Discussion – Dhuluwa" was tabled in March report.</p> <p>Extensive protective wear (as used in QLD) had been recommended by the previous management group. Feedback from the current unit management team was that this option would not be considered in DMHU and in the extreme circumstances requiring extreme level of personal protection, it is likely that the situation</p>

# MONTHLY WORK SAFETY REPORT

eye protection.

<p><b>DMHU - Nursing Staff are only staff designated to pat down.</b> Concern relates to staff shortages associated with requirement for a male nurse to pat down male consumers. On some shifts there might not be a male nurse available. Is it possible for allied health staff to assist with this?</p>	<p>March 2018</p>	<p>TBA</p>	<p>Meeting with Management Team, HSRs and ACT WPS to work through specific corrective action plan</p>	<p>Deb Plant</p>	<p>As soon as possible</p>	<p>March 2018</p>	<p>should be escalated to police e.g. when a patient is barricaded into a room, brandishing of a weapon</p> <p>April 2018 Nursing Meeting held in April - Staff offered to express interest in rotating through AMHU HDU for increased exposure and improved learnings in the management of seclusion rooms</p> <p>Operational Management of seclusion rooms and clinical escalation processes is being updated within the DMHU operational procedures</p> <p>Soft shield eye protection has been purchased</p>
	<p>March 2018</p>					<p>March 2018 WPS meeting held on 23 March 2018 to raise concern. Meeting Minutes – "HRS Concerns for Discussion – Dhulwa" was tabled in March report.</p>	<p>April 2018 The search procedure stipulates that only an</p>

**MONTHLY WORK SAFETY REPORT**

									<p>AHPRA registered professional may perform this function. Some allied health professionals may not have the required registration</p> <p>Review of the search procedure was conducted by DMHU management team - The procedure specifically states the staff conducting a pat down search must be an Authorised Health Professional (AHPRA registered) or Security Officer. The procedures recommends the person conducting the search should be of the same sex however also allows for the occasion when this cannot be accommodated stating "another person of the same sex or a sex nominated by the consumer must be in the room while the search is conducted". This can be managed operationally within the current staff profile.</p> <p><b>Recommended for Closure</b></p>
--	--	--	--	--	--	--	--	--	--



# MONTHLY WORK SAFETY REPORT

## DMHU - Lessons Learnt Register

Discussed need to record lessons learnt & solutions for use in training, induction, handover etc.

<p>March 2018 WPS meeting held on 23 March 2018 to raise concern. Meeting Minutes – “HRS Concerns for Discussion – Dhulwa” was tabled in March report.</p> <p>Process to be reviewed for ensuring training, induction and handover materials are updated when a new lesson is learnt or solution discovered.</p> <p>UMT discussion- WPS / Clinical / professional and operational issues are addressed through existing governance pathways. Items to be addressed are allocated to action officers within these existing processes and issues identified for inclusion in training and induction etc will be facilitated as an element of these processes</p> <p><b>Recommended for closure</b></p>					
--	--	--	--	--	--

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

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

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

### Definitions

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



# MONTHLY WORK SAFETY REPORT

Near Miss - incidents in the workplace resulting in "Near Miss" situations to workers, damage to property, plant/equipment.



## MONTHLY WORK SAFETY REPORT

### Work Safety Tier 2 Meeting: MH, JH & ADS Workplace Safety Committee Meeting To: Executive Director Mental Health, Justice Health and Alcohol & Drug Services

Submitted by: Dannielle Nagle and Deborah Plant

Monthly Report for: Justice Health Services & Dhulwa Mental Health Unit

KEY INDICATORS		YES	NO
1.	Were any <b>incident reports</b> risk rated as HIGH/EXTREME or were there any CLUSTERS in the previous month?	Yes	No
2.	If <b>YES</b> are these risks being elevated to the Tier 2 Committee to be addressed at this meeting? <i>Please provide details and add to the Corrective Action Plan – See over</i>	Yes	No
3.	Have there been any <b>Notifiable Incidents</b> reported to WorkSafe ACT? <i>If YES provide details and add to the Corrective Action Plan – See over</i>	Yes	No
4.	Has the Programs WHS section of the <b>RISK REGISTER</b> been reviewed to include (if required) any identified accidents/incidents/hazards or clusters? <i>If NO explain why this did not occur. Source for this information: SAIR Monthly Reports, provided by WorkPlace Safety</i>	Yes	No
5.	Were all <b>PLANNED INSPECTIONS</b> conducted for the last month? <i>If NO explain why this did not occur.</i>	Yes	No
6.	At <b>STAFF MEETINGS</b> were WHS issues discussed and minuted for the month? <i>If NO explain why has did not occur.</i>	Yes	No
7.	At the Program WHS meeting were WHS issues discussed and minuted for the quarter? <i>If NO, explain why this did not occur.</i>	Yes	No
8.	Was a <b>QUOROM</b> achieved in every Program WHS meeting? <i>If NO, explain why this did not occur.</i>	Yes	No
9.	Are <b>HSRs</b> attending the Program WHS meetings identified (as HSRs) in the Minutes?	Yes	No
10.	Has an ' <b>Annual Safety Check</b> ' been conducted? Use WHSF.41a and WHSF.41b	Yes	No
11.	What was the date of the last <b>Annual Safety Check</b> 28 / 8 / 17 <i>If OVERDUE explain why this did not occur.</i>	Yes	No
12.	Has the annual review of the Tier 2 HSC <b>WHS Goals and Management Plans</b> occurred? Use WHSF.02 <i>If OVERDUE explain why this did not occur.</i>	Yes	No
13.	Division/Branch SharePoint listing of HSR's and First Aiders <ul style="list-style-type: none"> <li>• Are all staff represented by a HSR and first Aider?</li> <li>• Is HSR and First Aid training current (e.g. initial training and annual refresher)?</li> <li>• Are HSR and First Aider details up to date on Sharepoint?</li> </ul>	Yes Yes Yes	No No No
14.	<b>Recommendations/Comments</b> (e.g. for noting, for advice etc)		
15.	<b>Staff Wellbeing</b>		
Submitted by	Dannielle Nagle	Operational Director JHS	17/8/18
	Deborah Plant	Operational Director DMHU	17/8/18
Authorised by			

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

Send to: [Katrina.bracher@act.gov.au](mailto:Katrina.bracher@act.gov.au)

# MONTHLY WORK SAFETY REPORT

## CORRECTIVE ACTION PLAN

IDENTIFIED INCIDENT/ ACCIDENT/ HAZARD/ CLUSTER/ WHS ISSUE/ DEFECT	DATE ISSUE IDENTIFIED	RISK RATING *	CORRECTIVE ACTIONS **	PERSON RESPONSIBLE	TIMEFRAME FOR COMPLETION ***	DATE ACTIONS STARTED	STATUS/COMMENTS
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
DMHU - Nurse Escorts feel unsafe. Concerns raised re escorting of some consumers at 1:1 ratio. Safety concerns raised relate to occupational violence and sexual assault (including consumers that may have a history of sexual assault). Other issues noted	March 2018	TBA – WPS risk Ax requestin g in April 2018	Meeting with Management Team, HSRs and ACT WPS to work through specific corrective	Deb Plant Denise Meyboom	As soon as possible	March 2018	June 2018: Email relating to vehicle transport resent to all DMHU staff ALL Dhulwa staff are to utilise a taxi for any

## MONTHLY WORK SAFETY REPORT

<p><b>Included:</b></p> <ul style="list-style-type: none"> <li>• Not having a witness when an incident occurs.</li> </ul> <p>Lack of consumer supervision if the staff member needs to go to the toilet.</p>				<p>action plan</p>		<p>1:1 Dhulwa staff accompanied therapeutic leave escorts requiring vehicle transport.</p> <p>Where it is operationally feasible, another Dhulwa staff member will attend the therapeutic leave for the purpose of driving the ACT Government car.</p> <p><u>July 2018</u> Outstanding actions:</p> <ul style="list-style-type: none"> <li>• DMHU Leave Procedure is being updated to ensure additional clarification for staff</li> <li>• Staff are encouraged to address all issues of concern relating to escorts / patient transports – no new reports / issues raised to management in June / July</li> </ul>
<p><b>DMHU - Distance between Seclusion Rooms and Main Facility</b> Concerns raised re escorting an</p>	<p>March 2018</p>	<p>TBA</p>	<p>Meeting with Management Team, HSRs and</p>	<p>Deb Plant</p>	<p>As soon as possible</p>	<p><u>July 2018</u> Outstanding actions:</p> <ul style="list-style-type: none"> <li>• Updates to</li> </ul>



## MONTHLY WORK SAFETY REPORT

<p>agitated consumer through a hallway with four doors to reach seclusion rooms.</p>	<p>March 2018</p>	<p>TBA</p>	<p>Meeting with Management Team, HSRs and ACT WPS to work through specific corrective action plan</p>	<p>Deb Plant</p>	<p>As soon as possible</p>	<p>March 2018</p>	<p>deteriorating patient procedure</p> <ul style="list-style-type: none"> <li>Operational management of de-escalation suite and seclusion rooms to be included in Lomandra specific Operational Procedures</li> </ul>
<p><b>DMHU - Violence Prevention Management (VPM)</b></p> <ol style="list-style-type: none"> <li>Incident where nurses were required to enter seclusion room with a consumer who was not adequately medicated, resulting in injuries to four staff.</li> </ol>	<p>March 2018</p>	<p>TBA</p>	<p>Meeting with Management Team, HSRs and ACT WPS to work through specific corrective action plan</p>	<p>Deb Plant</p>	<p>As soon as possible</p>	<p>March 2018</p>	<p>July 2018 Outstanding actions</p> <ul style="list-style-type: none"> <li>Update to procedures (above)</li> <li>Training in DASA assessment tool booked for August 2018</li> </ul>

## MONTHLY WORK SAFETY REPORT

<p>2. Concerns raised regarding appropriateness of PPE, such as eye protection.</p> <p><b>DMHU - Consumers using metal Cutlery</b> Concerns raised re consumers having access to metal cutlery in meal room. Staff would like to see introduction of plastic cutlery.</p>	<p>March 2018</p>	<p>TBA</p>	<p>Meeting with Management Team, HSRs and ACT WPS to work through specific corrective action plan</p>	<p>Deb Plant Denise Meyboom</p>	<p>As soon as possible</p>	<p>March 2018</p>	<p>July 2018 New forks purchased in June The safe management of cutlery is extensively proceduralised within existing DMHU procedures <b>Closed</b></p>
---	-------------------	------------	---	---	----------------------------	-------------------	---

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

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

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

### Definitions

**Accident/incident** - An actual occurrence in the workplace that caused injury to workers, damage to property, plant/equipment

**Hazard** - Potential cause of a workplace accident or incidents that could cause injury to workers, damage to property, plant/equipment

**Near Miss** - Incidents in the workplace resulting in "Near Miss" situations to workers, damage to property, plant/equipment



**Monday 15 October 2018, 9am-10.30am**

**Large Conference Room, Level 3, 1 Moore Street, Canberra City**

**WELCOME**

- 1. Attendance /apologies**  
Nurses & Midwives, Towards a Safer Culture – Daniel Guthrie
- 2. Minutes and Action Arising from Previous Meeting**
  - 2.1 Action Minutes of Meeting from previous meeting
  - 2.2 Running Sheet of Outstanding Action Arising from previous meetings
- 3. Program Reports**
  - 3.1 Adult Acute Mental Health Services
  - 3.2 [REDACTED]
  - 3.3 [REDACTED]
  - 3.4 [REDACTED]
  - 3.5 [REDACTED]
  - 3.6 Dhulwa Mental Health Unit
  - 3.7 [REDACTED]
  - 3.8 [REDACTED]
- 4. Report from Workplace Safety**
  - 4.1 SAIR Reports
  - 4.2 MHJHADS Qtr Report 2nd Qtr 18
- 5. Divisional Workplace Goals and Objectives**
- 6. Items to be Included on the Divisional Risk Register**
- 7. Items to be raised to the Tier 1 Workplace Safety meeting**
- 8. Other Business**
  - 8.1 Consultation on HSRs at UCH

**Next meeting:** MH, JH & ADS Work Health & Safety Committee will be held on  
Monday 17 December 2018, 9am - 10.30am  
Large Conference Room, Level 3, 1 Moore Street, Canberra City

**Action Minutes  
Work Health & Safety Committee****Meeting Date: 15 October 2018****Agenda Item No: 2.1**

---

**Subject:** Action Minutes of Mental Health, Justice Health, Alcohol & Drug Services  
Work Health and Safety Committee - Meeting of 20 August 2018

---

**Source:** Personal Assistant to Executive Director of Mental Health, Justice Health,  
Alcohol & Drug Services

---

**Purpose/comments:** For endorsement



**Mental Health, Justice Health and Alcohol & Drug Services  
Work Health & Safety Committee Meeting  
20 August 2018**

**ACTION MINUTES**

**1. Attendance and Apologies**

In Attendance:

Name	Role	✓	Ap or x
Katrina Bracher	Executive Director Mental Health, Justice Health, Alcohol and Drug Services	✓	
Danielle Nagle	Operational Director, Justice Health Services	✓	
Helen Braun	A/g Operational Director, Adult Acute Mental Health Services	✓	
Jill Hughes	Operational Director, Alcohol & Drug Services	✓	
Sarah Miller	Director – Office of Allied Health	✓	
Bruno Aloisi	Operational Director, Adult Community Mental Health Services	✓	
Cathy Furner	A/g Operational Director, Child & Adolescent Mental Health Services	✓	
David Jackson Hope	Operational Director of Rehabilitation & Specialty Mental Health Services		AP
Deb Plant	Operational Director of Dhulwa Mental Health Unit	✓	
Kevin Kidd	Director of Nursing	✓	
Denise Meyboom	Safe Practice & Environment Coordinator, Health & Safety Representative		AP
	Representative – Infrastructure Support		x
Peta Mercieca Lima	Safety Advisor, Workplace Safety	✓	
Shane Carter	Adult Mental Health Unit, Health & Safety Representative		x
Tessa Sealey	Mental Health Short Stay Unit, (MHSSU) Health & Safety Representative	✓	
David Trompf	Consultation Liaison, Health & Safety Representative		x
Jeevan Rana	Adult Mental Health Unit (AHMU) Health & Safety Representative		x
Miriam Spira	Belconnen Mental Health Services, Health & Safety Representative		x
Annie Bell	Belconnen Mental Health Services, Health & Safety Representative		x
Wendy Rossiter	Gungahlin Mental Health Services, Health and Safety Representative	✓	
Tsering Angmo	Tuggeranong Mental Health Services, Health & Safety Representative		AP
Julia Rozycka	Mobile Intensive Treatment Team (MITT), Health & Safety Representative		x
Jade Nolan	Supported Accommodation Team, Mental Health Services, Health & Safety Representative		x
Alex Rawson	Crisis Assessment Treatment Team (CATT) , Health & Safety Representative		x
Melissa Wightman	Alcohol & Drug Services (A&DS), Health & Safety Representative		x
Judith Clark	Alcohol & Drug Services (A&DS), Health & Safety Representative	✓	



Maureen Henshaw	Child & Adolescent Mental Health Services, (CAMHS), Health & Safety Representative	✓	
Max Donnelly	Brian Hennessy Rehabilitation Centre, Health & Safety Representative		x
Helena Reed	Brian Hennessy Rehabilitation Centre, Health & Safety Representative		x
Rowena Gouw	Older Persons Mental Health Services, Health & Safety Representative	✓	
Bronwyn Thomson	Justice Health Services, Health & Safety Representative		x
Sabarish Radhakrishnan	Justice Health Services, Health & Safety Representative	✓	

Minutes: Kelly Daly

## Welcome

We commence the meeting by acknowledging that we are meeting on Aboriginal & Ngunnawal land and to pay respects to the Elders and their children past, present and future.

## 2. Minutes and Action Arising from Previous Meetings

Quorum not met:	Managers: 7	HSR's: 5
-----------------	-------------	----------

### 2.1 Action Minutes of Meeting of 18 June 2018

- MHJHADS Work Health and Safety Committee endorsed the minutes from the meeting of 18 June 2018.

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

- MHJHADS Work Health and Safety Committee reviewed the actions arising from previous meetings.

## 3. Program Reports

### 3.1 Adult Acute Mental Health Services

- Report tabled for information.
- No incidents reported as high or extreme.
- No notifiable incidents reported to Worksafe.
- Planned inspections were all conducted for the month.
- Anti-ligature – stage 1 completed. Prototype room been fitted out. Stage 2 in progress. Stage 3 – expected to be completed by the end of the year (2018).
- The transport vehicle for AMHU is still on order, requested a vehicle similar to the one used by Dhulwa.

### 3.2

- 
- 
- 
-

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

3.3

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

3.4

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

3.5

Justice Health Services

- Joint DMHU & JHS Report tabled for information.
- No incidence reported as high or extreme.
- Cluster of incidents in Dhulwa – 3 assaults in July 2018.
- No notifiable incidents reported to Worksafe.
- Program Risk Register has been reviewed.
- Planned inspections were all conducted for the month.
- Program WHS meetings were held and minuted and quorum met.
- Annual Safety check completed.
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- The Executive Director has chaired two meetings to discuss Dhulwa workplace safety concerns in response to a letter she received from a HSR.
- DMHU – nurse escorts feel unsafe – procedure has been updated and staff are encouraged to report issues.

- DMHU – distance between seclusion rooms and Main Facility (number of doors) – risk New procedures regarding the management of the doors.
- DMHU – consumers using metal cutlery – risk assessment to be completed – benchmarking with other jurisdictions. Procedures have been updated. Forks have been ordered and received to ones with smaller prongs.
- DMHU – Violence Prevention Management – Training has been booked for August 2018.

3.6

[REDACTED]

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

3.7

[REDACTED]

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

#### 4. Report from Workplace Safety

##### 4.1 SAIR Reports

- SAIR Hazard reported for June & July 2018 were tabled for information.
- All incident reported in yellow have been discussed and requested any outstanding reports to be addressed.

#### 5. Divisional Workplace Goals and Objectives

- Carried over to next meeting

#### 6. Items to be included on the Divisional Risk Register

- Nil

#### 7. Items to be raised to the Tier 1 Workplace Safety meeting

- Make reference to the Occupational Violence Prevention Committee in the next Tier 1 report.

#### 8. Other Business

##### 8.1 Safe Hospital Conference

- Approximately six staff from across the division attending the conference in Sydney over this coming week.

## 8.2 Occupational Violence Prevention Committee

- The decision to convene a working group has come from a number of places
  - The recent assaults at AMHU and DMHU
  - The External Review of Mental Health Inpatient Review
- The needs of the division are quite unique.
- There is an EOI out at the moment for a project officer.
- The working group will be made up of a multidisciplinary staff and consumer and carer representatives.
- Table the Occupational Violence Prevention Committee Terms of Reference

**Next Meeting: Monday** 15 October 2018, Large Conference Room, 1 Moore Street, Canberra City.

DRAFT



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

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

Submitted by Helen Braun - Adult Acute Mental Health Services

Monthly Report for September 2018

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

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

Send to: [Katrina.bracher@act.gov.au](mailto:Katrina.bracher@act.gov.au)



# MONTHLY WORK SAFETY REPORT

## CORRECTIVE ACTION PLAN

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

							<p><b>February 2018</b> – ongoing.</p> <p><b>March 2018</b> Still in progress, currently determining a safe and aesthetically pleasing solution to the removal of the bathroom doors.</p> <p><b>April 2018</b> A scope of works, based upon the external review document, is to be finalised by August. A test door was removed, and a metal plate installed. This was deemed inadequate and posed a ligature risk.</p> <p>Alternative remedial works were required; including welding and grinding down the ensuite door frame.</p> <p><b>May 2018</b> Stage 1 of ligature mitigation works has commenced</p> <p>37 doors have been removed. Stage 2 to commence towards end of May/June, following sign off of a prototype room.</p> <p>Strategic decisions required to allow for</p>
--	--	--	--	--	--	--	---

## MONTHLY WORK SAFETY REPORT

						<p>temporary bed closure to allow for additional remediation works.</p> <p><b>June 2018</b> All Ensuite doors have been removed- Jtracks and curtains are being installed.</p> <p><b>July 2018</b>; Stage One works complete. Stage 2 Prototype room complete; approval provided to order sample products for unit.</p> <p><b>August 2018</b> Stage 2 works have commenced. Currently constructing new doors and door frames. Issues with toilet seat initially selected for the prototype room; new toilet seat has been endorsed. Need to source lighter curtain options; as current options are too heavy to function on the J-track. Anti-ligature drains, endorsed in the prototype room and fitted across rooms, have insufficient drainage and can</p>
--	--	--	--	--	--	---

**MONTHLY WORK SAFETY REPORT**

<p>AAMHS transport van identified as requiring replacement to match one used at DMHU</p>	<p>Aug 17</p>		<p>Liaison between Fleet and Security Services</p>	<p>Helen Braun</p>	<p>Feb 18</p>		<p>potentially cause water build up and flooding. This is being investigated; may require lowering water pressure as drains cannot be modified. <b>September 2018</b> Stage Two Ligature Risk Minimisation Works Ongoing</p>
						<p><b>August 2017</b> – Interim measure to extend lease of current vehicle. <b>Oct 2017</b> – to liaise with Fleet <b>Nov 2017</b> – Carry over being progressed with Fleet and ACT Security Services <b>Jan 2018</b> – ordered <b>February 2018</b> Helen provided photos of DHULWA Van for specifications. Helen to check order status. <b>March 2018</b> Helen confirmed order, waiting status update on progress. <b>April 2018</b> Received advice that specifications have been sent to Sgfleet and a quote will be</p>	

# MONTHLY WORK SAFETY REPORT

						<p>supplied for order approval.</p> <p><b>May 2018</b> Helen provided advice to Beau Trevor with SG fleet that ACT Health Security Services and Wardspersons approve of specs used with Dhulwa transport vehicles.</p> <p><b>June 2018</b> Helen waiting advise from SG Fleet.</p> <p><b>July 2018</b> Helen contacted Ally Jordan on the 15/6 and was advised that the vehicle specifications were provided to SgFleet; currently waiting on quotes. Helen to chase up.</p> <p><b>August 2018</b> Received confirmation that the MH transfer van has been ordered and it is to arrive next month. Same specifications as the Dhulwa van.</p> <p>Action to be closed upon receiving van.</p> <p><b>September 2018</b> Replacement Van has been delivered; action can be closed.</p>
--	--	--	--	--	--	---



## MONTHLY WORK SAFETY REPORT

Occupational safety assessment of the Adult Mental Health Unit	April 2018	Risk assessment requested to be done by Daniel Guthrie		<p><b>April 2018.</b> Minute by ACT Health Security Services discussed by ED, MHJHADS and ED, HIS. Number of recommendations for improvement at AMHU, however no risk assessment or rationale of how it will reduce occupational violence. Risk assessment by Daniel Guthrie requested.</p> <p><b>May 2018</b> – follow up with Daniel Guthrie to remind of need for risk assessment.</p> <p>Information gathered by site visits to NWMH, Melbourne and their occupational violence strategies has been shared for information: cameras inside wards, airlocks, drug detection dogs, metal detector wands etc.</p> <p><b>June 2018</b> <b>July 2018</b> <b>August 2018.</b> An occupational violence committee is to be created; as part of the recommendations of</p>
--	------------	--	--	--

## MONTHLY WORK SAFETY REPORT

						<p>the independent NWMH review. A terms of reference has been drafted by Deb Plant &amp; Michelle Hemming. The independent review recommended security measures including; CCTV, privately operated sniffer dogs, an internal security team and double doors.</p> <p><b>September 2018</b></p> <p>Recommendations are progressing with oversight from the Mental Health Advisory Body.</p>
<p>Ligature Risk Audit and Risk Reduction Action Plan</p>	<p>July 2018</p>			<p>Helen Braun</p>		<p><b>June 2018</b> Preliminary audit of all areas within AMHU/MHSSU complete; excel spreadsheet created and data compiled.</p> <p><b>July 2018</b> Helen has completed a Risk Assessment informed by the audit data. Helen and AMHU/MHSSU ADON to complete Risk Reduction Action Plan for risks identified as high.</p>

# MONTHLY WORK SAFETY REPORT

<p><b>Duress Alarms</b></p>								<p><b>August 2018</b> Helen and AMHU ADON are coordinating to complete Risk Reduction Action Plan for risks identified as high.  <b>September 2018</b> Risk Reduction Action Plan works ongoing.</p>
						<p>May 2018</p>		<p><b>May 2018</b> The availability of duress alarms was noted to have reduced; request by Allied Health Manager to replace missing alarms. Operational Director directed a Duress Alarm Audit to determine the number of missing alarms, and the number required to replace missing devices.  <b>June 2018</b> The AMHU Office Manager completed audit an of duress alarms; 13 alarms were not accounted for. Information request sent to Critical Systems &amp; Infrastructure Team seeking a report listing</p>

## MONTHLY WORK SAFETY REPORT

<p>the last login information for the missing handsets.  <b>July 2018</b> Critical systems provided duress report; most alarms are believed to be with Nursing Staff.          At least 4 devices haven't been used since January. AMHU Office Manager still seeking login details.  <b>August 2018</b> Action escalated to AMHU ADON to liaise with Critical Systems. The MHSSU Office Manager to complete duress alarm audit of MHSSU; to determine if missing devices are present.  <b>September 2018</b>          The MHSSU Office Manager has conducted an Audit of Duress Alarms, identified insufficient Alarms during cross over period.  <b>August 2018</b> AMHU Office Manager has contacted facilities management requesting the repair</p>					<p><b>Divot in Astro turf</b></p>			<p>August 2018</p>	
--	--	--	--	--	-----------------------------------	--	--	--------------------	--

# MONTHLY WORK SAFETY REPORT

									<p>of hole/divot in AstroTurf.  <b>September 2018</b> – Remediation work has been completed; AMHU Office Manager and CNC have inspected the work and agree the issue has been fixed. Action can be closed.</p>
--	--	--	--	--	--	--	--	--	--

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

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

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

**Definitions**

**Accident/Incident** - An actual occurrence in the workplace that caused injury to workers, damage to property, plant/equipment

**Hazard** - Potential cause of a workplace accident or incidents that could cause injury to workers, damage to property, plant/equipment

**Near Miss** - Incidents in the workplace resulting in "Near Miss" situations to workers, damage to property, plant/equipment.





Agenda  
Work Health & Safety Committee  
Justice Health Services

Monday 19 February 2018  
2.00pm – 2.30pm

Via Teleconference –x27162

**WELCOME**

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

**Next meeting:** JHS Work Health & Safety Committee will be held on Monday, 19 March 2018.



Monday 26 March 2018  
2.00pm – 2.30pm

Via Teleconference –x27162

## WELCOME

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

*Next meeting:* JHS Work Health & Safety Committee will be held on Monday, 16 April 2018.



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

**Meeting Date:** 19 February 2018

**Agenda Item No:** 2.1

---

**Subject:** Action Minutes of Justice Health Services Work Health & Safety Committee  
Meeting of 19 February 2018

---

**Source:** Renee Wilesmith  
Administration Assistant  
Justice Health Services

---

**Purpose/comments:** For endorsement

**Justice Health Services Work Health & Safety Committee  
Meeting 19 February 2018**

**ACTION MINUTES**

**1. Attendance and Apologies**

In Attendance:

Name	Role	✓	Ap, or *
Dannielle Nagle	Operational Director, Justice Health Services(Chair)	✓	
Deborah Plant	Operational Director, Dhulwa Mental Health Unit	✓	
Alex Miller	A/g Assistant Director of Nursing, Primary Health	✓	
Jaime Bingham	Senior Manager, Forensic Mental Health Services	✓	
Tasha Lutz	A/g Assistant Director of Nursing, Dhulwa Mental Health Unit	✓	
Jacqui Raby	Administration & Information Manager, JHS		AP
Gwynne Thomas	HSR, AMC, Primary Health		AP
Jill Wenke	HSR, AMC, Primary Health		AP
Jacqueline Monaghan	HSR, AMC, Primary Health		AP
Yolanda Robertson	HSR, Bimberi, Primary Health		AP
Tegan Murray	HSR, 1 Moore Street, Forensic Mental Health Services	✓	
Sue Tremble	HSR, Dhulwa Mental Health Unit		AP
Denise Meyboom	Workplace Safety Representative		AP

Minutes: Renee Wilesmith

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

**2.1 Action Minutes of Meeting**

The Minutes from the previous meeting were endorsed.

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

The outstanding actions arising were reviewed and updated.

**3. Reports**

**3.1**

- 
- 
- 

**3.2**

-

3.3

[REDACTED]

- [REDACTED]

3.4 Dhulwa Mental Health Unit

- A number of issues were raised from clinical staff regarding escorts and safety, specifically when operating a vehicle.  
**ACTION:** Deb Plant and Tash Lutz will discuss issues with HSR and organize risk assessments if required.
- Consumers having access to metal cutlery was raised as a safety issue.
- There was a delay in the duress alarms in November and this is still being followed up.

3.5 Staff Accident/Incident Reporting

- There were a lot of SAIR incidents on this months' register.  
**ACTION:** Jaime, Alex and Tash are to review these and report back next month.

4. **Report from Workplace Safety**

## 4.1 WHS Audits

- Nothing to report.

5. **Divisional Workplace Goals & Objectives**

## 5.1 Staff Wellbeing

- DMHU has arranged for monthly staff massages.

- [REDACTED]

5.2

[REDACTED]

- [REDACTED]

6.

[REDACTED]

- [REDACTED]

- [REDACTED]

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

- No items to be raised.

8. **Other Business**

- [REDACTED]

- [REDACTED]

**Next Meeting:**

The next Work Health & Safety meeting will be held on Monday, 19 March 2018.





**ACT**  
Government  
Health



CANBERRA HOSPITAL  
AND HEALTH SERVICES

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

**Outstanding Action Arising Running Sheet**

**Meeting: 19 February 2018**

Item No	Action Item	Person(s) Responsible	From Meeting	Remarks
1.	January SAIR	Jaime Bingham Tash Lutz Alex Miller	19 February 2018	<ul style="list-style-type: none"> <li>Jaime, Tash and Alex to review the January SAIR report.</li> </ul>
2.	Discussion with HSR	Deb Plant Tash Lutz	19 February 2018	<ul style="list-style-type: none"> <li>Deb and Tash to discuss issues with HSR and organise risk assessments if required regarding safety and escorts when operating a vehicle.</li> </ul>

# WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)					
WORK GROUP: DMHU		DATE: 26/03/2018			
INSPECTED BY (Manager's name): Tash Lutz		INSPECTED BY (HSR/ Worker's name): Carol Sandland			
Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
<b>1. General Work Safety Issues</b>					
1.1	Are all Corrective Action(s) from last month's inspection complete?				
1.2	Are policies, flow charts & reporting forms accessible in work area? e.g. RTW, Riskman.	x			
1.3	Is the work area induction/orientation program performed for all new workers? (this should include emergency awareness, dangerous substances & hazards specific to the work area)	x			
1.4	Have all relevant workers completed or programmed to attend mandatory WHS training (incl. Dangerous Substances, Manual Handling, SAIR, etc)?	x			
1.5	Are Standard Operating Procedures (SOPS) Safety Rules developed & posted?				Ongoing Policy Development
1.6	Do all workers know where the nearest emergency exit/emergency assembly point is located?	x			
1.7	Do all workers know who the HSR is for the work area/ department?	x			
1.8	Comments:				
<b>2. Housekeeping</b>					
2.1	Are all walkways, floors, stairs (incl. Fire Stairs), and exits clear of obstruction?	x			
2.2	Are all walkway lines clearly marked?	x			
2.3	Are all stock/ supplies safely stored and stacked?	x			
2.4	Are floor surfaces clear of rubbish, liquid, debris, trip hazards, etc?	x			
2.5	Are stairs, steps & treads safe?	x			
2.6	Are hazard/ safety signs visible/ legible?	x			
2.7	Is the workplace layout functional & safe?	x			
2.8	Is there good access & egress to the work areas?	x			
2.9	Is the work area free from any fumes, vapours or dust?	x			
2.10	Comments:				
<b>3. Lighting</b>					
3.1	Are lighting standards adequate in all areas, including external areas? (e.g. no glare on PC monitor)	x			
3.2	Are light fittings clear & in good working order?	x			
3.3	Comments:				1 Light strip is not working in the handover/computer room in Lomandra ward.
<b>4. Ventilation</b>					
4.1	Is there adequate ventilation?	x			
4.2	Is the ventilation draught-free?	x			
4.3	Comments:				
<b>5. Electrical Safety</b>					



WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)		DATE: 26/03/2018	
WORK GROUP: DMHU		INSPECTED BY (HSR/ Worker's name): Carol Sandland	
INSPECTED BY (Manager's name): Tash Lutz		Issue Identified (add detail to Corrective Action Plan – page 5)	
Item No	Item	Yes	No
5.1	Has electrical equipment been tagged & tested? Is it within the correct time frame? (minimum yearly)	X	
5.2	Are leads off the ground or in a conduit/covering or cable tray?	X	
5.3	Are there sufficient power outlets to operate electrical equipment in the area? (i.e. NO double adapters, no power boards plugged into power boards or extension leads into extensions leads)	X	
5.4	Are extension cords & fittings supported above work areas, wet areas & passages safely? (i.e. cords not knotted)	X	
5.5	Are all extension cords & fittings protected from mechanical damage & moisture?	X	
5.6	Are all leads/plugs/outlets in good condition? (no exposed wires/crimps/tears/rips in the outer cable, or bent prongs)	X	
5.7	Are all routed cords in good condition? No evidence of stretching/crimping/wear and tear? inclusive of electronic equipment (Pumps, Beds, Plinths, Scissor lifts etc)	X	
5.8	Are headsets in good working order?		X
5.9	The Cardiac and/or Body Protected (RCD) area is tested and tagged? (6 monthly, if applicable)	X	
5.10	Comments:		
<b>6. First Aid</b>			
6.1	Is the first aid kit fully stocked & current?	X	
6.2	Are First Aider's names clearly identified? Do workers know who the First Aid Officer is for the work area?		X
6.3	Is there a method for recording injuries? (Riskman or ACT Govt. Accident Incident Report)	X	
6.4	Do all workers at the workplace know the first aid procedures to be followed in the event of serious injury or incident (determine from interview)?	X	
6.5	Comments:		
<b>7. Fire/Emergency/Security</b>			
7.1	Has all emergency equipment been serviced according to the required schedule (check yellow tag)? Fire Extinguishers, Hose Reels, Blankets and Hydrants (6 monthly), Fire Doors (12 Monthly), Smoke Doors (monthly).	X	
7.2	Has emergency equipment that is missing, or recently been used, been replaced? (Items may include: Extinguishers, Hose Reels, Fire/Smoke Doors, Blankets, Break Glass alarms, Manual Call Point, Exit Signs, Smoke & Thermal Detectors, Sprinklers, Fire Suppression, WIP Phones and EWMS/ FIP Panels.)		X
7.3	Are all exits/fire doors clearly marked, clear of obstruction, easily opened?	X	
7.4	Check all Emergency Exit Lighting (running person) is in working order and direction correct	X	
7.5	Are emergency evacuation diagrams/plans/procedures available and current?	X	

# WHSF.22 - PLANNED INSPECTION CHECKLIST -- OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' (No 'Requires details in the Issue Identified column)					
WORK GROUP: DMHU		DATE: 26/03/2018			
INSPECTED BY (Manager's name): Tash Lutz		INSPECTED BY (HSR/Worker's name): Carol Sandland			
Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan - page 5)
7.6	Are fire stairs clear of obstruction and in working order? (e.g. lights/doors/handrails)	x			
7.7	Are duress alarms available/working/frequently tested?	x			
7.8	Are there procedures/ processes in place for issues of violence/aggression?	x			
7.9	Comments:				
8. Personal Protective Equipment (PPE)					
8.1	Is eye protection being used when required?	x			
8.2	Is face protection being used when required?	x			
8.3	Is appropriate PPE being used correctly?	x			
8.4	Is the danger/out of service tag system in place?		x		
8.5	Is PPE issued, stored, maintained, training given in its use?	x			
8.6	Comments: Broken chair in nurses station, no one knew if we had any out of service signs or where to put the chair.				
9. Plant/Machinery/Equipment					
9.1	Is equipment checked annually? Look for tag on equipment from Bio-Med, etc	x			
9.2	Are records of equipment maintenance including available?	x			
9.3	Are ladders/steps used safely and in good condition?	x			
9.4	On visible appearance, does all equipment appear to be in good condition?	x			
9.5	Comments:				
10. Work Practices					
10.1	Is there evidence that all equipment is being used correctly?	x			
10.2	From observation, are correct hazardous manual task procedures being used?	x			
10.3	If gas cylinders are being used, are they secured/stable?			x	
10.4	Comments:				
11. Hazardous Substances/Dangerous Goods/chemicals - referred to as Dangerous Substances below. NB: Highly volatile/Dangerous Substances are to be reviewed more frequently					
11.1	Is the Dangerous Substance Register current and easily accessible?	x			
11.2	Is the Dangerous Substance Manual current and easily accessible?	x			
11.3	Are all Safety Data Sheets (SDS, formerly MSDS) current and easily accessible?	x			
11.4	Are risk assessments and SOPs completed, current and easily accessible for the safe handling of all dangerous substances?	x			
11.5	Are all workers properly trained in the safe handling of Dangerous Substances? Is this training included in the Local Orientation program?	x			
11.6	Are Dangerous Substances including those stored in tanks/ drums labeled correctly? (incl. items that have been decanted or awaiting disposal)	x			




# WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)			
WORK GROUP: DMHU		DATE: 26/03/2018	
INSPECTED BY (Manager's name): Tash Lutz		INSPECTED BY (HSR/ Worker's name): Carol Sandland	
Item No	Item	Yes	No
11.7	Are Dangerous Substances stored correctly? Is packaging intact? (incl. separation and segregation)	x	N/A
11.8	Are stocks of Dangerous Substances checked to ensure they are not out of date?	x	
11.9	Are Dangerous Substances disposed of correctly?	x	
11.10	Are spill kits available for dangerous substances? Are workers trained in using a spill kit?	x	
11.11	Fire mitigation available? (appropriate types of extinguishers/ blankets for Dangerous Substances stored)	x	
11.12	Is waste disposed of in correct the containers/ bins? (e.g. Clinical waste only in bins provided)	x	
11.13	Are medication/ drugs securely maintained and accounted for?	x	
11.14	Comments:		
<b>12 Workstations</b>			
12.1	Are the workstations in the area set up ergonomically? (refer to section 7.7.14.1, 7.7.15 & WHSF.31 Workstation checklist or ergonomist/OT formal workstation assessment)	x	
12.2	Do chairs have the correct castors for the floor type (e.g. soft tyre for hard surfaces, hard plastic for carpeted surfaces)?	x	
12.3	Are desks/worktops/benches clutter-free?	x	
12.4	Is there sufficient legroom under desks/worktops/benches?	x	
12.5	Comments:		
<b>13 Plant Rooms (for Property Maintenance &amp; Management and Health Centre Managers Only)</b>			
13.1	Are the plant rooms clear of stored equipment, chemicals and rubbish?	x	
13.2	Has all emergency equipment been serviced according to the required schedule (6 monthly)?	x	
13.3	Are exit signs visible?	x	
13.4	Is access/egress to the plant room clear and free of trip hazards?	x	
13.5	Are plant rooms kept locked? Are they appropriately signposted if the plant room is a confined space?	x	
13.6	Are walkways/stairways clutter free and in good condition? E.g. free of water or oil, good tread, etc	x	
13.7	Comments:		
<b>14 Other Issues (Specific to your work area)</b>			
14.1	Government Vehicle prestart checklist has been completed? (WHSF.37)		x



# WHSF.22 - PLANNED INSPECTION CHECKLIST - OPERATIONAL

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

WHS Issued Identified	Risk Rating*	Corrective Action**	Person Responsible***	Date complete****	Signature
Staff feeling unsafe with 1 on 1 escorts		Minimum of 2 staff for escorts	3 currently being reviewed		
Consumers have access to metal cutlery		Provide Plastic cutlery.	by work safety + op directo		
			Tasha Lutz Assistant Director of Nursing Dhulwa Mental Health Unit (02) 6207 9439		

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

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

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

Supervisor/ Manager: (02) 6207 9439      Signature:       Date: 28/3/18      Tier 2 HSC meeting date:  
 HSR/ Worker: C. SANDLAND      Signature:       Date: 26-3-18

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

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

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

**WORK GROUP:** Dhuliwa Mental Health Unit

**DATE:** 05/03/2018

**INSPECTED BY (Manager's name):** Sabarish Radhakrishnan

**INSPECTED BY (HSR/ Worker's name):** Sabarish Radhakrishnan

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



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

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

**WORK GROUP:** Dhulwa Mental Health Unit

**DATE:** 05/03/2018

**INSPECTED BY (Manager's name):** \_\_\_\_\_ **INSPECTED BY (HSR/ Worker's name):** Sabarish Radhakrishnan

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

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

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

**WORK GROUP:** Dhuliwa Mental Health Unit

**DATE:** 05/03/2018

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

**INSPECTED BY (HSR/Worker's name):** Sabarish Radhakrishnan

Item No	Item	INSPECTED BY (HSR/Worker's name): Sabarish Radhakrishnan		
		Yes	No	N/A
8.3	Is hearing protection available & being used when required?			x
8.4	Is appropriate PPE being used correctly?	x		
8.5	Is PPE stored, maintained appropriately?	x		
8.6	Comments: New PPE (elastic strap mask) have been ordered			
<b>9. Machinery &amp; Equipment</b>				
9.1	Is equipment maintained & serviced accordingly?	x		
9.2	Are records of equipment maintenance within date & available?	x		
9.3	On visible appearance, does all equipment appear to be in good condition?	x		
9.4	Comments:			
<b>10. Work Practices</b>				
10.1	Is there evidence that all equipment is being used correctly?	x		
10.2	From observation, are correct hazardous manual task procedures being used?	x		
10.3	If gas cylinders are being used, are they secured/stable?	x		
10.4	Comments:			

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

11.1	Is the Dangerous Substance Register current and easily accessible?	x			
11.2	Are all Safety Data Sheets (SDS, formerly MSDS) current and easily accessible?	x			
11.3	Are risk assessments and SOPs completed, current and easily accessible for the safe handling of all dangerous substances?	x			
11.4	Are all workers properly trained in the safe handling of Dangerous Substances? Is this training included in the Local Orientation program?	x			
11.5	Are Dangerous Substances including those stored in tanks/ drums labeled correctly? (incl. items that have been decanted or awaiting disposal)	x			
11.6	Are Dangerous Substances stored correctly? Is packaging intact? (incl. separation and segregation of incompatible chemicals)	x			
11.7	Are stocks of Dangerous Substances checked to ensure they are not out of date?			x	All new products
11.8	Are Dangerous Substances disposed of correctly?	x			
11.9	Are spill kits available for dangerous substances? Are workers trained in using a spill kit?	x			
11.10	Is waste disposed of in correct the containers/ bins? (e.g. Clinical waste only in bins provided)	x			
11.11	Are medication/ drugs securely maintained and accounted for?	x			
11.12	Comments:				



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

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

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

WORK GROUP: Dhulwa Mental Health Unit		DATE: 05/03/2018			
INSPECTED BY (Manager's name):		INSPECTED BY (HSR/ Worker's name): Sabarish Radhakrishnan			
Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
<b>12. Workstations</b>					
12.1	Are the workstations in the area set up ergonomically? (refer to section 7.7.14.1, 7.7.15 & WHSF.31 Workstation checklist or ergonomist/OT formal workstation assessment)	x			
12.2	Do chairs have the correct castors for the floor type (e.g. soft tyre for hard surfaces, hard plastic for carpeted surfaces)?	x			
12.3	Are desks/worktops/benches clutter-free?	x			
12.4	Is there sufficient legroom under desks/worktops/benches?	x			
12.5	Comments:				
<b>13. Other Issues (specific to your work area) i.e. PC2 requirements for laboratories</b>					
13.1	Delayed Code Black response on the Dures system and annunciator	x			Issue has been raised with ASCOM and SS ICT for follow up. Facility manager has raised this issue in the Issues register.
13.2					
13.3					
13.4					
13.5					
13.6					
13.7					
13.8					
13.12					

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



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

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

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

Issue Identified	Date Identified	Person Responsible
As above		

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

Supervisor/ Manager: Gillian Sharp      Signature:       Date: 6/3/2018      Tier 2 HSC meeting date:

HSR/ Worker: Sabarish Radharishnan      Signature:       Date: 05/03/18

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



CANBERRA HOSPITAL  
AND HEALTH SERVICES

Agenda  
Work Health & Safety Committee  
Justice Health Services

Monday 16 April 2018  
2.00pm – 2.30pm

Via Teleconference –x27162

## WELCOME

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

*Next meeting:* JHS Work Health & Safety Committee will be held on Monday, 21 May 2018.