



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

**Meeting Date:** 23 August 2018

**Agenda Item No:** 2.1

---

**Subject:** Action Minutes of Justice Health Services Work Health & Safety Committee  
Meeting of 23 August 2018

---

**Source:** Renee Wilesmith  
Executive Assistant – Justice Health Services  
Justice Health Services

---

**Purpose/comments:** For endorsement

**Justice Health Services Work Health & Safety Committee  
Meeting 23 August 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	✓	
Jaime Bingham	Senior Manager, Forensic Mental Health Services	✓	
Cheryl Cuthbertson	A/g Assistant Director of Nursing, Primary Health	✓	
Tasha Lutz	A/g Assistant Director of Nursing, Dhulwa Mental Health Unit	✓	
Tegan Murray	HSR, Forensic Mental Health, 1 Moore St		AP
Gwynne Thomas	HSR, AMC, Primary Health		AP
Jacqueline Monaghan	HSR, AMC, Primary Health		AP
Yolanda Robertson	HSR, Bimberi, Primary Health		AP
Sue Tremble	HSR, DMHU		AP
Myette Leversage	HSR, DMHU		AP
Goodwell Mhlanga	HSR, DMHU	✓	
Denise Meyboom	Workplace Safety Representative	✓	
Jacqui Raby	Administration & Information Manager, JHS		AP
Liza Marando	Administration & Information Manager, DMHU		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.

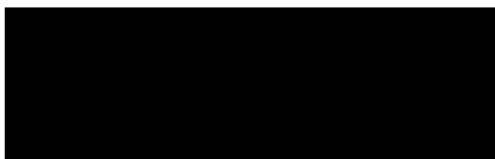
**2.2 Outstanding Action Arising Running Sheet from previous meetings**

The outstanding actions arising were reviewed and updated.

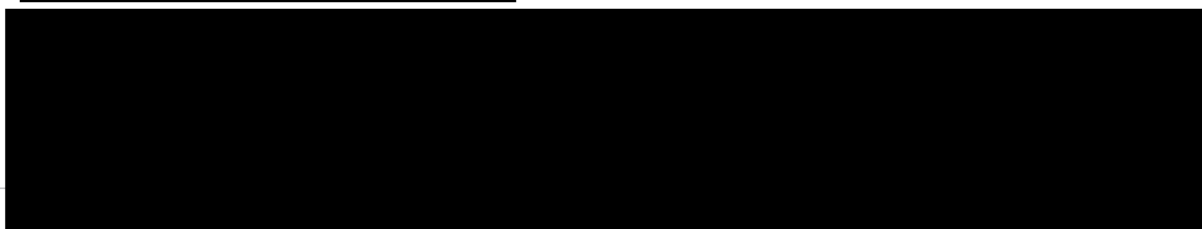
\*\*\*NOTE: a quorum was not achieved and as such, no decisions were made this meeting\*\*\*

**3. Reports**

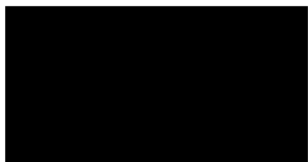
3.1



3.2



3.3



#### 3.4 Dhulwa Mental Health Unit

- Noted Tash and Deb are going to meet with HSR's and discuss reporting to ensure that the WHS issues are remaining on the corrective actions list.
- Noted that a WHS Report for ECU will need to be added/created.

#### 3.5 Staff Accident/Incident Reporting

- Noted there were 49 incidents recorded for the month.  
  
20 x incidents at DMHU  

- Noted that for the purpose of the WHS meeting, only absolute SAIRS will be discussed as a number of the incidents recorded are non-individual incidents.

#### 4. Report from Workplace Safety

- 

#### 5. Divisional Workplace Goals & Objectives

- 

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

- 

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

- Nil.

#### 8. Other Business

- Noted that DMHU have received formal advice regarding ASCOM duress alarms. There is a 6 second delay on the duress alarm going out to all other handsets.

- [REDACTED]  
DMHU – 7 HSR's

[REDACTED]

**Next Meeting:**

The next Work Health & Safety meeting will be held 17 September 2018.

DRAFT



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: August 2018

Item No	Action Item	Person(s) Responsible	From Meeting	Remarks
1.	Annual Checks	All Managers	August 2018	<ul style="list-style-type: none"> <li>Annual Reports need to be provided to Denise Meyboom before the end of August 2018.</li> </ul>
2.	Divisional Workplace Goals and Objectives	Dannielle Nagle	August 2018	<ul style="list-style-type: none"> <li>Dannielle to send out an email to all HSR's as HSR's are to review the Divisional Workplace Goals and Objectives.</li> </ul>
3.	RISKMAN	Jaime Bingham	August 2018	<ul style="list-style-type: none"> <li>Jaime to enter a RISKMAN regarding Duress alarms at AMC not working.</li> </ul>
4.				
5.				

# 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: 04/08/2018			
INSPECTED BY (Manager's name): Liza Marando		INSPECTED BY (HSR/ Worker's name): Sue Tremble			
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**

<b>STEP 1: COMPLETE THE PLANNED INSPECTION FORM, TICK 'Yes' OR 'No' OR 'N/A' ('No' Requires details in the Issue Identified column)</b>			
<b>WORK GROUP:</b> Dhulwa Mental Health Unit		<b>DATE:</b> 04/08/2018	
<b>INSPECTED BY (Manager's name):</b> Liza Marando		<b>INSPECTED BY (HSR/ Worker's name):</b> Sue Tremble	
Item No	Item	Yes	No
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/rips 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)? <b>6 Monthly</b> Fire extinguishers <b>12 Monthly</b> Fire doors 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 EWIS / 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 duress 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: <b>Dhulwa Mental Health Unit</b>		DATE: <b>04/08/2018</b>	
INSPECTED BY (Manager's name): <b>Liza Marando</b>		INSPECTED BY (HSR/ Worker's name): <b>Sue Tremble</b>	
Item No	Item	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:		
<b>11. Hazardous Substances/ Dangerous Goods/ chemicals – referred to as Dangerous Substances below *NB Highly volatile Dangerous Substances are to be reviewed more frequently</b>			
11.1	Is the Dangerous Substance Register current and easily accessible?	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
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:** 04/08/2018

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

**INSPECTED BY (HSR/ Worker's name):** Sue Tremble

Item No	Item	Yes	No	N/A	Issue identified (add detail to Corrective Action Plan – page 5 )
---------	------	-----	----	-----	---

**12. Workstations**

12.1	Are the workstations in the area set up ergonomically? (refer to section 7.7.14.1, 7.7.15 & WHSF.31 Workstation checklist or ergonomist/OT formal workstation assessment)	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:				

**13. Other issues (specific to your work area) i.e. PC2 requirements for laboratories**

13.1	Delayed Code Black response on the Duress 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:

Signature:

Date:

Tier 2 HSC meeting date:

HSR/ Worker:

Signature:

Date:

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

# 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: Cassia/Dhulwa Mental Health Unit**

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

**DATE: 19/08/2018**

**INSPECTED BY (HSR/ Worker's name): Myette Leversage**

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

Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5 )
<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?	x			
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:				
<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)**

**WORK GROUP: Cassia/Dhulwa Mental Health Unit**

**DATE: 19/08/2018**

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

**INSPECTED BY (HSR/ Worker's name): Myette Leversage**

Item No	Item	Yes	No	N/A	Issue identified (add detail to Corrective Action Plan – page 5 )
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 & fitters 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? <b>inclusive of electronic equipment (Pumps, Beds, Plinths, Scissor lifts etc)</b>	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	<b>Comments:</b>				
<b>6. First Aid</b>					
6.1	Is the first aid kit fully stocked & current?				
6.2	Are First Aider's names clearly identified? Do workers know who the First Aid Officer is for the work area?		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	<b>Comments:</b>				
<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 EWIS/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:** Cassia/Dhulwa Mental Health Unit

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

**DATE:** 19/08/2018

**INSPECTED BY (HSR/ Worker's name):** Myette Leversage

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

Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan – page 5)
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	<b>Comments:</b>				
<b>8. Personal Protective Equipment (PPE)</b>					
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	<b>Comments:</b>				
<b>9. Plant/ Machinery/ Equipment</b>					
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	<b>Comments:</b>				
<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	<b>Comments:</b>				
<b>11. Hazardous Substances/ Dangerous Goods/ chemicals – referred to as Dangerous Substances below *NB Highly volatile Dangerous Substances are to be reviewed more frequently</b>					
11.1	Is the Dangerous Substance Register current and easily accessible?	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:** Cassia/Dhulwa Mental Health Unit

**DATE:** 19/08/2018

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

**INSPECTED BY (HSR/ Worker's name):** Myette Leversage

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

Item No	Item	Yes	No	N/A	Issue Identified
11.7	Are Dangerous Substances stored correctly? Is packaging intact? (incl. separation and segregation)	x			
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			Recommended to be relocated to medication room and/or on unit
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	<b>Comments:</b>				
<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	<b>Comments:</b>				
<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 mthly)?				x
13.3	Are exit signs are 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	<b>Comments:</b>				
<b>14. Other Issues (specific to your work area)</b>					
14.1	Government Vehicle prestart checklist has been completed? (WHSF.37)				x

DRAFT

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****
Spill kit not easily accessible and is currently located away from unit in the supply room		To be relocated on the unit - closer to clinical area	DMHU ADON	
<p><b>Nurse Escorts feel unsafe.</b></p> <p>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>Email relating to vehicle transport resent to all DMHU staff</p> <p><b>ALL</b> Dhulwa staff are to utilise a taxi for any 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><b>August 2018</b></p> <p>The audit of 5 de-identified leave plans was tabled showing that the process for leave is in place and appropriate.</p> <p>Outstanding actions:</p> <ul style="list-style-type: none"> <li>● DMHU Leave Procedure is being updated to ensure additional clarification for staff</li> </ul> <p>Staff are encouraged to address all issues of concern relating to escorts / patient transports – no</p>	DMHU UMT to update procedures – changes sitting with policy unit	

Signature



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

<p><b>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>new reports / issues raised to management in August</p> <p><u>August 2018</u> Outstanding actions:</p> <ul style="list-style-type: none"> <li>• Updates to deteriorating patient procedure (mental health)</li> <li>• Operational management of de-escalation suite and seclusion rooms to be included in Lomandra specific Operational Procedures</li> </ul>	<p>DMHU UMT to send out interim directive – until operational manual can be completed.</p>		
<p><b>Violence Prevention Management (VPM)</b> Incident where nurses were required to enter seclusion room with a consumer who was not adequately medicated, resulting in injuries to four staff.</p>		<p>VPM training is a specialised, evidence based and endorsed training package</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> It is delivered by Hunter New England Health Service, NSW to all members of the DMHU team,</li> <li><input checked="" type="checkbox"/> VPM is endorsed and adopted across a number of jurisdictions including Forensicare in Victoria, Wilfred Lopes in Tasmania and the Forensic Hospitals in NSW. It was assessed during the commissioning of Dhulwa that these units were most aligned with the DMHU service model,</li> <li><input checked="" type="checkbox"/> There is no significant difference between all the various violence prevention programs assessed. They were all suitable for high secure care, so</li> </ul>	<p>DMHU UMT to send directive prior to update of procedures</p>		<p>206</p>

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

VMP was assessed that as suitable for medium secure care (like Dhulwa),

☑ While PART is adopted across ACT Health / MHJHADS clinical areas, there is no forensic unit in Australia uses PART, and

☑ The training arrangement with Hunter New England Health Service was easily accessible and they were able to provide experienced trainers who were also used to train staff at the Sydney Forensic Hospital

August 2018

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

Outstanding actions

- Directive to all staff prior to formal update of procedures to reflect ERT and application of VPM principles (above)
- Training in DASA assessment tool completed August 2018
- Regular DRILLS to be established within staff development program

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

<p><b>PPE</b> Concerns raised regarding access to and appropriateness of PPE, such as eye protection.</p>		<p>PPE is currently located in the staff stations and in the de-escalation area. The location of PPE is to remain where currently located and if needed the drawer will be painted RED and signage indicating "PPE" will be applied.</p> <p>The issue of padded protective suits was discussed. While they were suggested by the nurse educator last year as a possible safety mechanism, the Director Workplace Safety has had experience with these suits in Qld. Qld has stopped using them as they had other unintended consequences and injuries. As such, MHJHADS has made a decision not to use them.</p>	<p>DMHU to attend to signage and paint the draw red.</p>	
<p><b>Agency staff orientation and training</b> Nursing staff report that agency are rostered on shift without appropriate orientation. UMT acknowledged there has been one occasion when a staff member did not have VPM training and that agency staff was placed in a lower acuity area on the decision of the ADON.</p>		<p>Agency staff receive orientation which includes induction to Dhulwa and VPM training before commencement. The Dhulwa Induction Checklist Operational Procedure is used to ensure all agency staff have completed their appropriate induction.</p>	<p>DMHU ADON / CNC to ensure agency staff have had access to appropriate orientation including VPM No short term Agency staff are to be rostered in charge of a shift ALL staff are responsible for supporting new and agency staff in their orientation to the unit ALL staff should escalate concerns to NIC, CNC or ADON</p>	

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

<p><b>Clinical handover between shifts of individual management plans and some staff not being familiar with the detail in the plan.</b></p>	<p>Management plans are developed by the Multidisciplinary Team (MDT) with all team members expected to contribute to the person's clinical plan. The management plan is on MAICeR and is accessible by all staff. Staff have a professional responsibility to review clinical plans to ensure appropriate care and treatment is provided.</p> <p>The <i>Mental Health (Security Facility) Act 2016</i> outlines the responsibility for the facility as being with the Assistant Director of Nursing, for leading the care and treatment provided at Dhulwa in addition to the safe management and order of the unit.</p> <p>Dhulwa is a highly regulated environment and staff have a mutual responsibility to know the policies and procedures that are specific to their workplace.</p> <p>Action – team in-services to be provided on:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> the legislative responsibilities for a secure facility,</li> <li><input checked="" type="checkbox"/> consider a 'policy of the month' process for Dhulwa team meetings, and</li> </ul>			<p>209</p>
--	--	--	--	------------

## WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

		<p><input checked="" type="checkbox"/> clinical handover/ MDT and the professional and workplace responsibility of all staff to be aware of a patients management plan.</p>			
<p><b>Resourcing on the floor with patient leave and other activities</b></p>		<p>It is the role of the Nurse in Charge to ensure/coordinate there are 5 VPM trained staff on the floor and that everyone knows their role if a situation requiring the deployment of VPM interventions was required</p>	<p>Operational Director to make a directive that the Nurse in Charge of the Shift is to allocate roles for VPM at the beginning of each shift</p>		
<p><b>Availability of debriefing following incident</b></p>		<p>3 levels of de-brief that are expected in MHJHADS:  <input checked="" type="checkbox"/> Individual with the injured staff – this occurred;  <input checked="" type="checkbox"/> Immediate staff group/team debrief – it was acknowledged that the team debrief did not occur. MHJHADS Incident Procedure outlines the role and process for providing that debrief and the management team will ensure that this occurs routinely in future; and  <input checked="" type="checkbox"/> General communication with all staff in Dhulwa – this occurred via regular email</p>	<p>DMHU UMT to review procedure and ensure all elements are considered in future</p>		
					210

# WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

--	--	--	--

\*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

Concerns from Aug 15 WHS meeting:

- 1-Failure to maintain staff safety and well being
- short staffing
- not enough registered staff for leave/de-escalation
- 1-Proposal by Katrina at 15/08/2018 meeting CNCs, CDNs, A and D nurse on the floor during de-escalation and leave
- 1-Written policy that AHAs will go on floor during de-escalation, leave, and when short for safety/presence
- 1-Security presence on the floor at all times.
- Written policy re: same
- 2-Debriefing staff after incident within 2 hours or before end of shift, whichever happens first
- 3-Written policy of leave
- No taxi's, 1:1's Minimum of 2 staff VPM trained
- 4-Agency Staff not receiving required training (VPM, Access to Majicer)
- Clear written policy on agency staff rostering
- Have VPM training
- As per Deb Plant, Agency nurses not to be nurse in charge and to alert her if so
- 5-Protective Equipment not located in appropriate area/not accessible.
- \* Written policy on the correct location of the Protective Equipment.
  - o All staff to be notified via email.
- 6-Security must pass through 4-6 doors to get on to the floor and assist
- \* Minimum one security guard on floor at all times.
- 7—Dhulwa closed inaccessible on 8 and 13 August 2018 due to lack of security staff
- \* Written policy establishing a minimum of five security guards per shift.
- \* Two additional security guards to be rostered on when consumer has a custodial appointment.
- 8-Skill Mix
  - More registered staff rostered on per shift (current 5 per shift not enough).
  - AIN duties and responsibilities at Dhulwa to be properly defined and written down.
  - AINs should be allowed to accompany consumers on leave.

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

Signature:

Date: Tier 2 HSC meeting date:

# WHSF.22 - PLANNED INSPECTION CHECKLIST – OPERATIONAL

Supervisor/ Manager:

HSR/ Worker: Myette Leversage, RN

Signature:

Date: 19/08/2018

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

LEVER



Agenda  
Work Health & Safety Committee  
Justice Health Services

Monday 8 October 2018  
3.30pm – 4.00pm

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 Annual WHS Safety Checks

*Next meeting:* JHS Work Health & Safety Committee will be held November 2018.





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

**Meeting Date:** 8 October 2018

**Agenda Item No:** 2.1

---

**Subject:** Action Minutes of Justice Health Services Work Health & Safety Committee  
Meeting of 8 October 2018

---

**Source:** Renee Wilesmith  
Executive Assistant – Justice Health Services  
Justice Health Services

---

**Purpose/comments:** For endorsement

**Justice Health Services Work Health & Safety Committee  
Meeting 8 October 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	✓	
Tegan Murray	A/g Senior Manager, Forensic Mental Health Services	✓	
Rory Maguire	A/g Assistant Director of Nursing, Primary Health	✓	
Tasha Lutz	A/g Assistant Director of Nursing, Dhulwa Mental Health Unit	✓	
Roxanne Orford-Dunne	HSR, 1 Moore St, Forensic Mental Health	✓	
Gwynne Thomas	HSR, AMC, Primary Health		AP
Jacqueline Monaghan	HSR, AMC, Primary Health		AP
Alfred Cardona	HSR, AMC, Primary Health	✓	
Yolanda Robertson	HSR, Bimberi, Primary Health		AP
Sue Tremble	HSR, DMHU		AP
Myette Leversage	HSR, DMHU	✓	
Goodwell Mhlanga	HSR, DMHU		AP
Denise Meyboom	Workplace Safety Representative		AP
Jacqui Raby	Administration & Information Manager, JHS		AP
Liza Marando	Administration & Information Manager, DMHU		AP
Renee Wilesmith	Staff Member – Minutes	✓	

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

**2.1 Action Minutes of Meeting**

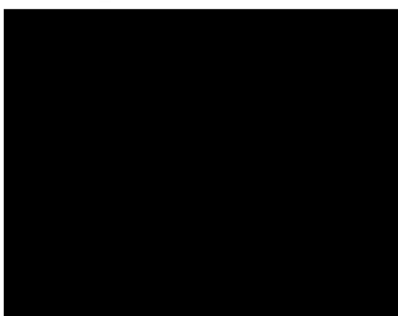
The Minutes from the previous meeting were endorsed.

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

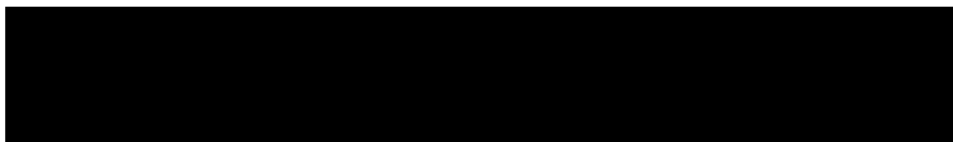
The outstanding actions arising were reviewed and updated.

**3. Reports**

**3.1**



3.2



3.3



### 3.4 Dhulwa Mental Health Unit

- Noted there were a number of exposed wires – these were seen to by a technician who has since covered them and deemed them as not-live.
- Noted DMHU has been getting through their corrective action plan.
- Noted ECU needs to be added as a standing agenda item.
- Noted a number of small WHS issues within ECU that are being fixed.

### 3.5 Staff Accident/Incident Reporting

- Noted there were 0 incidents reported as high/extreme.
- Noted that not all of what was recorded on the SAIR was actually SAIR.

## 4. **Report from Workplace Safety**

- Denise Meyboom left information regarding duress alarms for home visits. It was discussed that duress alarms for home visits are not a complete answer to safety for home visits but could offer some benefits
- Noted there should be better staff training for home visits.

## 5. **Divisional Workplace Goals & Objectives**

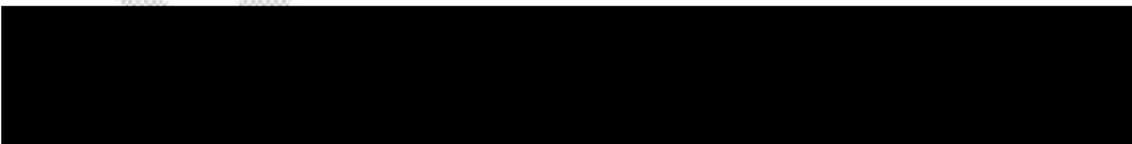
- Noted that managers should be ensuring staff are not accruing too much leave as staff become fatigued.

•



## 6. **Items to be included on the Program Risk Register**

•



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

- Nil.

## 8. **Other Business**

- It was noted by Tash Lutz that it is difficult for HSRs on shift at Dhulwa to attend the current meeting time.
- The question was raised as to whether the meeting in future could be held between 1:30-3:30pm which would provide a greater opportunity for HSRs to attend.

**Next Meeting:**

The next Work Health & Safety meeting will be held 12 November 2018.

DRAFT



**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: October 2018**

Item No	Action Item	Person(s) Responsible	From Meeting	Remarks
1.	Annual Checks	All Managers	August 2018	<ul style="list-style-type: none"> <li>Annual Reports need to be provided to Denise Meyboom before the end of August 2018.</li> <li>Completed – ITEM CLOSED.</li> </ul>
2.	Divisional Workplace Goals and Objectives	Dannielle Nagle	August 2018	<ul style="list-style-type: none"> <li>Dannielle to send out an email to all HSR's as HSR's are to review the Divisional Workplace Goals and Objectives.</li> <li>Completed – ITEM CLOSED.</li> </ul>
3.	RISKMAN	Tegan Murray & Rory Maguire	August 2018	<ul style="list-style-type: none"> <li>Jaime to enter a RISKMAN regarding Duress alarms at AMC not working.</li> <li>8/10/18 - Tegan and Rory to follow up on this.</li> </ul>
4.	ACTCS Meeting	Tegan Murray & Rory Maguire	August 2018	<ul style="list-style-type: none"> <li>Jaime and Cheryl to ensure that the issue with Duress alarms at the AMC is tabled at AMC managers meetings.</li> <li>8/10/18 – Tegan and Rory to follow up on this.</li> </ul>
5.	ASCOM Delay	Deb Plant	August 2018	<ul style="list-style-type: none"> <li>Deb to find out how long the delay is from the ASCOM Duress alarm going off to when it reaches the first handset.</li> <li>8/10/18 – Ongoing.</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: Administration Area		DATE: 6.09.2018	
INSPECTED BY (Manager's name): Liza Marando		INSPECTED BY (HSR/ Worker's name): Liza Marando and Sue Tremble	
Item No	Item	Yes	No
11.6	Are Dangerous Substances including those stored in tanks/ drums labeled correctly? (incl. items that have been decanted or awaiting disposal)		✓
11.7	Are Dangerous Substances stored correctly? Is packaging intact? (incl. separation and segregation)		✓
11.8	Are stocks of Dangerous Substances checked to ensure they are not out of date?		✓
11.9	Are Dangerous Substances disposed of correctly?		✓
11.10	Are spill kits available for dangerous substances? Are workers trained in using a spill kit?	✓	
11.11	Fire mitigation available? (appropriate types of extinguishers/ blankets for Dangerous Substances stored)	✓	
11.12	Is waste disposed of in correct the containers/ bins? (e.g. Clinical waste only in bins provided)	✓	
11.13	Are medication/ drugs securely maintained and accounted for?		✓
11.14	Comments:		
<b>12. Workstations</b>			
12.1	Are the workstations in the area set up ergonomically? (refer to section 7.7.14.1, 7.7.15 & WHSF.31 Workstation checklist or ergonomist/OT formal workstation assessment)	✓	
12.2	Do chairs have the correct castors for the floor type (e.g. soft tyre for hard surfaces, hard plastic for carpeted surfaces)?	✓	
12.3	Are desks/worktops/benches clutter-free?	✓	
12.4	Is there sufficient legroom under desks/worktops/benches?	✓	
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?	✓	
13.2	Has all emergency equipment been serviced according to the required schedule (6 mthly)?	✓	
13.3	Are exit signs are visible?	✓	
13.4	Is access/egress to the plant room clear and free of trip hazards?	✓	
13.5	Are plant rooms kept locked? Are they appropriately signposted if the plant room is a confined space?	✓	
13.6	Are walkways/stairways clutter free and in good condition? E.g. free of water or oil, good tread, etc.	✓	
13.7	Comments:		
<b>14. Other Issues (specific to your work area)</b>			
14.1	Government Vehicle prestart checklist has been completed? (WHSF.37)	✓	

# 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: Administration Area		DATE: 6.09.2018	
INSPECTED BY (Manager's name): Liza Marando		INSPECTED BY (HSR/ Worker's name): Liza Marando and Sue Tremble	
Item No	Item	Yes	No
7.4	Check all Emergency Exit lighting (turning person) is in working order and direction correct	✓	
7.5	Are emergency evacuation diagrams/plans/procedures available and current?	✓	
7.6	Are fire stairs clear of obstruction and in working order? (e.g. lights/doors/handrails)		✓
7.7	Are duress alarms available/working/frequently tested?	✓	
7.8	Are there procedures/ processes in place for issues of violence/aggression?	✓	
7.9	Comments:		
<b>8. Personal Protective Equipment (PPE)</b>			
8.1	Is eye protection being used when required?		✓
8.2	Is face protection being used when required?		✓
8.3	Is appropriate PPE being used correctly?		✓
8.4	Is the danger/out of service tag system in place?		✓
8.5	Is PPE issued, stored, maintained, training given in its use?		✓
8.6	Comments:		
<b>9. Plant/ Machinery/ Equipment</b>			
9.1	Is equipment checked annually? Look for tag on equipment from Bio-Med, etc		✓
9.2	Are records of equipment maintenance including available?		✓
9.3	Are ladders/steps used safely and in good condition?	✓	
9.4	On visible appearance, does all equipment appear to be in good condition?	✓	
9.5	Comments:		
<b>10. Work Practices</b>			
10.1	Is there evidence that all equipment is being used correctly?	✓	
10.2	From observation, are correct hazardous manual task procedures being used?	✓	
10.3	If gas cylinders are being used, are they secured/stable?		✓
10.4	Comments:		
<b>11. Hazardous Substances/ Dangerous Goods/ chemicals - referred to as Dangerous Substances below</b> *NB Highly volatile Dangerous Substances are to be reviewed more frequently			
11.1	Is the Dangerous Substance Register current and easily accessible?	✓	
11.2	Is the Dangerous Substance Manual current and easily accessible?	✓	
11.3	Are all Safety Data Sheets (SDS, formerly MSDS) current and easily accessible?	✓	
11.4	Are risk assessments and SOPs completed, current and easily accessible for the safe handling of all dangerous substances?	✓	
11.5	Are all workers properly trained in the safe handling of Dangerous Substances? Is this training included in the Local Orientation program?	✓	

**WHSE.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: Administration: Area		DATE: 6.09.2018	
INSPECTED BY (Manager's name): Liza Marando		INSPECTED BY (HSR/ Worker's name): Liza Marando and Sue Tremble	
Item No	Item	Yes	No
5.1	Has electrical equipment been tagged & tested? Is it within the correct time frame? (minimum yearly)	✓	N/A
5.2	Are leads off the ground or in a conduit/covering or cable tray?	✓	Reception office has exposed wiring see attached photos
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 extension leads)	✓	
5.4	Are extension cords & fittings supported above work areas, wet areas & passages safely? (i.e. cords not knotted)	✓	
5.5	Are all extension cords & fittings protected from mechanical damage & moisture?	✓	
5.6	Are all leads/plugs/outlets in good condition? (no exposed wires/crimps/tears/tips in the outer cable, or bent prongs)	✓	Reception office has exposed wiring see attached photos
5.7	Are all routed cords in good condition? No evidence of stretching/crimping/wear and tear? inclusive of electronic equipment (Pumps, Beds, Plinths, Scissor lifts etc)	✓	
5.8	Are headsets in good working order?		✓
5.9	The Cardiac and/or Body Protected (RCD) area is tested and tagged? (6 monthly, if applicable)		✓
5.10	Comments:		
<b>6. First Aid</b>			
6.1	Is the first aid kit fully stocked & current?	✓	
6.2	Are First Aider's names clearly identified? Do workers know who the First Aid Officer is for the work area?	✓	
6.3	Is there a method for recording injuries? (Riskman or ACT Govt. Accident Incident Report)	✓	
6.4	Do all workers at the workplace know the first aid procedures to be followed in the event of serious injury or incident (determine from interview)?	✓	
6.5	Comments:		
<b>7. Fire/ Emergency/ Security</b>			
7.1	Has all emergency equipment been serviced according to the required schedule (check yellow tag)? Fire Extinguishers, Hose Reels, Blankets and Hydrants (6 monthly), Fire Doors (12 Monthly), Smoke Doors (monthly).	✓	
7.2	Has emergency equipment that is missing, or recently been used, been replaced? (items may include: Extinguishers, Hose Reels, Fire/Smoke Doors, Blankets, Break Glass alarms, Manual Call Point, Exit Signs, Smoke & Thermal Detectors, Sprinklers, Fire Suppression, WIP Phones and EWIS/ FIP Panels.)		✓
7.3	Are all exits/fire doors clearly marked, clear of obstruction, easily opened?	✓	




**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: Administration Area		INSPECTED BY (HSR/ Worker's name): Liza Marando and Sue Tremble		
INSPECTED BY (Manager's name): Liza Marando		DATE: 6.09.2018		
Item No	Item	Yes	No	N/A
<b>1. General Work Safety Issues</b>				
1.1	Are all Corrective Action(s) from last month's inspection complete?			✓
1.2	Are policies, flow charts & reporting forms accessible in work area? (e.g. RTW, Riskman)			✓
1.3	Is the work area induction/orientation program performed for all new workers? (this should include emergency awareness, dangerous substances & hazards specific to the work area)	✓		
1.4	Have all relevant workers completed or programmed to attend mandatory WHS training (incl. Dangerous Substances, Manual Handling, SAIR etc)?	✓		
1.5	Are Standard Operating Procedures (SOPS) Safety Rules developed & posted?		✓	
1.6	Do all workers know where the nearest emergency exit/emergency assembly point is located?	✓		
1.7	Do all workers know who the HSR is for the work area/ department?	✓		
1.8	Comments:			
<b>2. Housekeeping</b>				
2.1	Are all walkways, floors, stairs (incl. Fire Stairs), and exits clear of obstruction?	✓		
2.2	Are all walkway lines clearly marked?	✓		
2.3	Are all stock/ supplies safely stored and stacked?	✓		
2.4	Are floor surfaces clear of rubbish, liquid, debris, trip hazards, etc?	✓		
2.5	Are stairs, steps & treads safe?	✓		
2.6	Are hazard/ safety signs visible/ legible?	✓		
2.7	Is the workplace layout functional & safe?	✓		
2.8	Is there good access & egress to the work areas?	✓		
2.9	Is the work area free from any fumes, vapours or dust?	✓		
2.10	Comments:			
<b>3. Lighting</b>				
3.1	Are lighting standards adequate in all areas, including external areas? (e.g. no glare on PC monitor)	✓		
3.2	Are light fittings clear & in good working order?	✓		
3.3	Comments:			
<b>4. Ventilation</b>				
4.1	Is there adequate ventilation?	✓		
4.2	Is the ventilation draught-free?	✓		
4.3	Comments:			
<b>5. Electrical Safety</b>				

**WHSE.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
Reception area office has exposed wiring behind filing cabinet	M	Facilities Management to be notified and to action as soon as possible via MyFM Work Order	HSR/Property Manager	6/9/18.	

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

WORK GROUP: Administration Area

INSPECTED BY: (Manager's name): Liza Marando




Item No	Item	Yes	No	N/A	Issue Identified (add detail to Corrective Action Plan - page 5)

DATE: 6.09.2018

\*Use the Risk Matrix located in Section 4, WHSE.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 WHSE.21 in the Health Directorate's Work, Health and Safety Management System (WHSMS). The Hierarchy of Control is, in descending order of effectiveness: Elimination, Substitution, Isolation, Engineering, Administration and Personal Protective Equipment.  
 \*\*\*Corrective Actions are a management responsibility  
 \*\*\*\*See WHSMS section 7.1 Risk Management

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

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

Supervisor/ Manager:  Signature: Tasha Witz Date: 12/9/18 Tier 2 HSC meeting date:  
 HSR/ Worker: Liza Marando Signature:  Date: 06.09.18  
 Sue Tremble Signature:  Date: 6.9.18

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

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

