



ACT
Government

**Canberra Health
Services**

Ref FOI18-97



Dear 

Freedom of Information Request – FOI18-97

I refer to your revised application received by Canberra Health Services on 22 October 2018 in which you sought access to information under the *Freedom of Information Act 2016* (the FOI Act).

In your application you have requested:

“...Ministerial briefs on safety and security at the AMHU and Dhulwa from 1 January 2018 to 4 October 2018.

Incident reports regarding assaults on staff at the AMHU and Dhulwa from 1 January 2018 to 4 October 2018.

Documents from the Mental Health, Justice Health and Alcohol & Drug Services Work Health and Safety Committee, Adult Acute Mental Health Services Work Health and Safety Committee and the Justice Health Services Work Health and Safety Committee, related to safety and security of staff and patients at the AMHU and Dhulwa from 1 January 2018 to date.

Documents from the three meetings held in September and October 2018 regarding Dhulwa Workplace Concerns in response to a letter from a Workplace Representative.”

I am an Information Officer appointed by the Chief Executive Officer under section 18 of the Act to deal with access applications made under Part 5 of the Act.

Canberra Health Services was required to provide a decision on your access application by 19 November 2018.

Decision on access

Searches were completed for relevant documents and 142 documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

I have decided to grant full access to 14 documents and partial access to 128 documents.

I have decided to grant partial access to 128 documents, with deletion applied, to information I consider to be outside the scope of your request and/or, under section 50 of the Act, to information that I consider would be contrary to the public interest to disclose.

My access decisions are detailed further in the following statement of reasons and the documents release to you as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act
- The contents of the documents that fall within the scope of your request; and
- The *Human Rights Act 2004*

My reasons for deciding not to grant access to the identified components of these documents are as follows.

Folios 2, 6, 15, 18,37, 45, 64, 65, and 66-141 of the identified documents are composed of, or contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these folios is personal information about individuals.

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1 and I have identified that the following factor favours non-disclosure:

- Schedule 2 2.2 (ii) - prejudice the protection of an individual's right to privacy or any other right under the *Human Rights ACT 2004*.

On balance, the information identified is contrary to the public interest and I have decided not to disclose this information.

Folios 72-141 contain personal health information which is deemed a health record under the *Health Records (Privacy & Access) Act 1997*. Under section 12 of the FOI Act, access to this information cannot be provided as the FOI Act does not apply to information held in a health record. All personal health information has deleted from the identified document to enable the documents to be partially released. These deletion are in addition to those outlined above in my decision on access.

Charges

Processing charges are not applicable to this request.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601

Via email: ACTFOI@ombudsman.gov.au.

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

If you have any queries concerning ACT Health's processing of your request, or would like further information, please contact the FOI Coordinator on 6205 1340 or email HealthFOI@act.gov.au.

Yours sincerely



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

19 November 2018

FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately. Information about what is published on open access is available online at:

<http://www.health.act.gov.au/public-information/consumers/freedom-information>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[REDACTED]	<ul style="list-style-type: none"> • Ministerial briefs on safety and security at the AMHU and Dhulwa from 1 January 2018 to 4 October 2018. • Incident reports regarding assaults on staff at the AMHU and Dhulwa from 1 January 2018 to 4 October 2018. • Documents from the Mental Health, Justice Health and Alcohol & Drug Services Work Health and Safety Committee, Adult Acute Mental Health Services Work Health and Safety Committee and the Justice Health Services Work Health and Safety Committee, related to safety and security of staff and patients at the AMHU and Dhulwa from 1 January 2018 to date. • Documents from the three meetings held in September and October 2018 regarding Dhulwa Workplace Concerns in response to a letter from a Workplace Representative. 	FOI18/97

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1.	1	Agenda - WHS Committee Mental Health Justice Health and Alcohol and Drug Services. Meeting 19 February 2018	19/2/18	Partial release	Document contains information outside the scope of the request	Yes

2.	2-7	Action Minutes – Work Health & Safety Committee. Meeting date 19/2/18.	19/2/18	Partial release	Schedule 2, section 2.2 (ii), Document contains information outside the scope of the request	Yes
3.	8-9	Monthly Work Safety Report	January 2018	Partial release	Document contains information outside the scope of the request	Yes
4.	10-12	Email MHJHADS Coronial Hearing	4/2/18	Full release		Yes
5.	13	Agenda - WHS Committee Mental Health Justice Health and Alcohol and Drug Services. Meeting 16/4/18	16/4/18	Partial release	Document contains information outside the scope of the request	Yes
6.	14-18	Action Minutes – Work Health & Safety Committee. Meeting 19/2/18	16/4/18	Partial release	Schedule 2, section 2.2 (ii), Document contains information outside the scope of the request	Yes
7.	19-22	Monthly Work Safety Report	March 2018	Partial release	Document contains information outside the scope of the request	Yes
8.	23-27	Meeting Minutes – HSR – Concerns for Discussion - Dhulwa	20/3/18	Full release		Yes
9.	28-31	Monthly Work Safety Report	March 2018	Partial release	Document contains information outside the scope of the request	Yes

10.	32-44	Draft Guidelines – Critical Incidents Support for Staff	Undated	Full release		Yes
11.	45-60	ACT Health Seminar/Workshop Notifications and Newsletter	April/May 2018	Full release		Yes
12.	61	Agenda - WHS Committee Mental Health Justice Health and Alcohol and Drug Services. Meeting 18/6/18	18/6/18	Partial release	Document contains information outside the scope of the request	Yes
13.	62-67	Action Minutes – Work Health & Safety Committee. Meeting 18/6/18	18/6/18	Partial release	Document contains information outside the scope of the request	Yes
14.	68-78	Monthly Work Safety Report	6/6/18	Partial release	Document contains information outside the scope of the request	Yes
15.	79-82	Staff Incident Report Trends MHJHADS 1 st Quarter 2018	January-March 2018	Partial release	Schedule 2, section 2.2 (ii)	Yes
16.	83	Agenda - WHS Committee Mental Health Justice Health and Alcohol and Drug Services. Meeting 20/8/18	20/8/18	Partial release	Document contains information outside the scope of the request	Yes
17.	84-89	Action Minutes – Work Health & Safety Committee. Meeting 20/8/18	20/8/18	Partial release	Document contains information outside the scope of the request	Yes

18.	90-92	Dhulwa Workplace Safety Concerns in Response to a letter from HSR	7/8/18	Partial release	Schedule 2, section 2.2 (ii)	Yes
19.	93-99	Monthly Work Safety Report	July 2018	Full release		Yes
20.	100-110	Monthly Work Safety Report	June 2018	Partial release	Document contains information outside the scope of the request	Yes
21.	111-115	Monthly Work Safety Report	August 2018	Partial release	Document contains information outside the scope of the request	Yes
22.	116	Agenda - WHS Committee Mental Health Justice Health and Alcohol and Drug Services. Meeting 15/10/18	15/10/18	Partial release	Document contains information outside the scope of the request	Yes
23.	117-122	Action Minutes – Work Health & Safety Committee. Meeting 15/10/18	15/10/18	Partial release	Document contains information outside the scope of the request	Yes
24.	123-133	Monthly Work Safety Report	September 2018	Full release		Yes
25.	134	Agenda - Work Health and Safety Committee Justice Health Services. Meeting 19/2/18	19/2/18	Partial release	Document contains information outside the scope of the request	Yes
26.	135	Agenda - Work Health and Safety Committee Justice Health Services. Meeting 26/3/18.	26/3/18	Partial release	Document contains information outside the scope of the request	Yes

27.	136-149	Action Minutes – Justice Health Services Meeting: Work Health and Safety Committee. Attachment: Planned Inspection Checklist	19/2/18	Partial release	Document contains information outside the scope of the request	Yes
28.	150	Agenda - Work Health and Safety Committee Justice Health Services. Meeting 16/04/18	16/04/18	Partial release	Document contains information outside the scope of the request	Yes
29.	151-154	Action Minutes – Justice Health Services Meeting: Work Health and Safety Committee.	26/3/18	Partial release	Document contains information outside the scope of the request	Yes
30.	155	Agenda - Work Health and Safety Committee Justice Health Services. Meeting 14/5/18	14/5/18	Partial release	Document contains information outside the scope of the request	Yes
31.	156-158	Planned Inspection Checklist	26/5/18	Full release		Yes
32.	159	Agenda - Work Health and Safety Committee Justice Health Services. Meeting 18/6/18	18/6/18	Partial release	Document contains information outside the scope of the request	Yes
33.	160-173	Action Minutes – Justice Health Services Meeting: Work Health and Safety Committee. Attachment: Planned Inspection Checklist 1/6/18 & 30/6/18	26/3/18	Partial release	Document contains information outside the scope of the request	Yes
34.	174	Agenda - Work Health and Safety Committee Justice Health Services. Meeting 9/7/18	9/7/18	Partial release	Document contains information outside the scope of the request	Yes

35.	175-188	Action Minutes – Justice Health Services Meeting: Work Health and Safety Committee. Attachment: Planned Inspection Checklist 23/7/18 & 30/7/18	9/7/18	Partial release	Document contains information outside the scope of the request	Yes
36.	189	Agenda - Work Health and Safety Committee Justice Health Services. Meeting	20/8/18	Partial release	Document contains information outside the scope of the request	Yes
37.	190-212	Action Minutes – Justice Health Services Meeting: Work Health and Safety Committee. Attachment: Planned Inspection Checklist 4/8/18 & 19/8/18	23/8/18	Partial release	Schedule 2, section 2.2 (ii) Document contains information outside the scope of the request	Yes
38.	213	Agenda - Work Health and Safety Committee Justice Health Services. Meeting	8/10/18	Partial release	Document contains information outside the scope of the request	Yes
39.	214-229	Action Minutes – Justice Health Services Meeting: Work Health and Safety Committee. Attachment: Planned Inspection Checklist 6/9/18	8/10/18	Partial release	Document contains information outside the scope of the request	Yes
40.	230-232	Monthly Work Safety Report	4/10/18	Partial release	Document contains information outside the scope of the request	Yes
41.	233	Agenda – Adult Acute Mental Health Services Work Health & Safety Committee	9/1/18	Partial release	Document contains information outside the scope of the request	Yes

42.	234-248	Minutes - Adult Acute Mental Health Services Work Health & Safety Committee. Attachment: Planned Inspection Checklist 31/10/18	9/1/18	Partial release	Document contains information outside the scope of the request	Yes
43.	249-251	Monthly Work Safety Report	March 2018	Full release		Yes
44.	252	Agenda – Adult Acute Mental Health Services Work Health & Safety Committee	13/2/18	Partial release	Document contains information outside the scope of the request	Yes
45.	253-279	Minutes - Adult Acute Mental Health Services Work Health & Safety Committee. Attachment: Planned Inspection Checklist 5/3/18 & Workstation Self - Assessment Checklist	13/2/18	Partial release	Schedule 2, section 2.2 (ii) Document contains information outside the scope of the request	Yes
46.	280	Agenda – Adult Acute Mental Health Services Work Health & Safety Committee	13/3/18	Partial release	Document contains information outside the scope of the request	Yes
47.	281-292	Minutes - Adult Acute Mental Health Services Work Health & Safety Committee. Attachment: NSQHSS March 2018 National Standard Scoop & ACT Health Support for Staff brochure	13/3/18	Partial release	Document contains information outside the scope of the request	Yes
48.	293-296	Monthly Work safety Report	March 2018	Full release		Yes

49.	297	Agenda – Adult Acute Mental Health Services Work Health & Safety Committee	10/4/18	Partial release	Document contains information outside the scope of the request	Yes
50.	298-316	Minutes - Adult Acute Mental Health Services Work Health & Safety Committee. Attachment: Planned Inspection Checklist 6/4/18	10/4/18	Partial release	Document contains information outside the scope of the request	Yes
51.	317	Agenda – Adult Acute Mental Health Services Work Health & Safety Committee	14/5/18	Partial release	Document contains information outside the scope of the request	Yes
52.	318-328	Minutes - Adult Acute Mental Health Services Work Health & Safety Committee	14/5/18	Partial release	Document contains information outside the scope of the request	Yes
53.	329	Agenda – Adult Acute Mental Health Services Work Health & Safety Committee	12/6/18	Partial release	Document contains information outside the scope of the request	Yes
54.	330-340	Minutes - Adult Acute Mental Health Services Work Health & Safety Committee	12/6/18	Partial release	Document contains information outside the scope of the request	Yes
55.	341-354	Monthly Work Safety Report – Attachment: Planned inspection Checklist 6/6/18	May 2018	Full release		Yes
56.	355	Agenda – Adult Acute Mental Health Services Work Health & Safety Committee	10/7/18	Partial release	Document contains information outside the scope of the request	Yes

57.	356-367	Minutes - Adult Acute Mental Health Services Work Health & Safety Committee	10/7/18	Partial release	Document contains information outside the scope of the request	Yes
58.	368	Agenda – Adult Acute Mental Health Services Work Health & Safety Committee	14/8/18	Partial release	Document contains information outside the scope of the request	Yes
59.	369-379	Minutes - Adult Acute Mental Health Services Work Health & Safety Committee	14/8/18	Partial release	Document contains information outside the scope of the request	Yes
60.	380	Agenda – Adult Acute Mental Health Services Work Health & Safety Committee	9/10/18	Partial release	Document contains information outside the scope of the request	Yes
61.	381-383	Dhulwa Workplace Safety Concerns in Response to a letter from HSR	7/8/18	Full release		Yes
62.	384-388	Dhulwa Workplace Safety Concerns in Response to a letter from HSR	15/8/18	Full release		Yes
63.	389-390	Dhulwa Workplace Safety Concerns in Response to a letter from HSR	17/9/18	Full release		Yes
64.	391	Caveat Brief – Restricted Access to Dhulwa Mental Health Unit	18/8/18	Partial release	Schedule 2, section 2.2 (ii)	Yes
65.	392-393	Caveat Brief – Bedroom Fire Adult Mental Health Unit	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes

66.	394-395	Caveat Brief – 2018 Assault on a Staff Member by patient Person in the AHMU	2018	Partial release	Schedule 2, section 2.2 (ii)	Yes
67.	396-400	Ministerial Brief – MIN18/1260 – Assaults on Staff at the Dhulwa Mental Health Unit	25/8/18	Partial release	Schedule 2, section 2.2 (ii)	Yes
68.	400-402	Caveat Brief – Assault against Staff by patient at Dhulwa	20/7/18	Partial release	Schedule 2, section 2.2 (ii)	Yes
69.	403-406	Letter – Australian Nursing and Midwifery Federation	11/7/18	Partial release	Schedule 2, section 2.2 (ii)	Yes
70.	407-10	Ministerial Brief – MIN18/1373 – Update of Dhulwa and the Extended care Unit	3/9/18	Partial release	Schedule 2, section 2.2 (ii)	Yes
71.	411-412	Caveat Brief – Assault Against Staff by a Patient at Dhulwa	20/7/18	Partial release	Schedule 2, section 2.2 (ii)	Yes
72.	413-416	Staff Accident Incident Report (SAIR): 720645	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
73.	417-419	SAIR: 722840	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
74.	420-423	SAIR: 723525	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes

75.	424-427	SAIR: 723965	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
76.	428-431	SAIR: 724116	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
77.	432-435	SAIR: 724163	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
78.	436-438	SAIR: 724844	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
79.	439-442	SAIR: 725842	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
80.	443-446	SAIR: 726632	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
81.	447-450	SAIR: 731240	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
82.	451-454	SAIR: 733258	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
83.	455-458	SAIR: 733540	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes

84.	459-462	SAIR: 734691	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
85.	463-466	SAIR: 739893	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
86.	467-470	SAIR: 740420	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
87.	471-474	SAIR: 740477	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
88.	475-478	SAIR: 740499	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
89.	479-481	SAIR:741070	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
90.	482-485	SAIR:741808	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
91.	486-489	SAIR: 745227	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
92.	490-492	SAIR: 745239	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes

93.	493-496	SAIR: 745828	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
94.	497-499	SAIR: 746603	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
95.	500-503	SAIR: 746984	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
96.	504-507	SAIR: 748551	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
97.	508-511	SAIR: 748961	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
98.	512-514	SAIR: 748968	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
99.	515-518	SAIR: 749456	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
100.	519-522	SAIR: 750684	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
101.	523-526	SAIR: 751746	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes

102.	527-530	SAIR: 752163	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
103.	531-533	SAIR: 752202	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
104.	534-537	SAIR: 754535	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
105.	538-540	SAIR: 754892	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
106.	541-544	SAIR: 754907	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
107.	545-548	SAIR: 755845	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
108.	549-552	SAIR: 756226	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
109.	553-556	SAIR: 756896	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
110.	557-560	SAIR: 757498	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes

111.	561-564	SAIR: 758393	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
112.	565-567	SAIR: 759652	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
113.	568-571	SAIR: 759654	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
114.	572-575	SAIR: 759657	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
115.	576-578	SAIR: 760496	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
116.	579-582	SAIR: 760721	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
117.	583-586	SAIR: 761437	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
118.	587-590	SAIR: 761460	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
119.	591-594	SAIR: 761968	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes

120.	595-598	SAIR: 765165	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
121.	599-602	SAIR: 767350	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
122.	603-605	SAIR: 720718	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
123.	606-609	SAIR: 724861	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
124.	610-613	SAIR: 728442	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
125.	614-617	SAIR: 728535	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
126.	618-620	SAIR: 730362	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
127.	621-624	SAIR: 731655	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
128.	625-628	SAIR: 741173	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes

129.	629-632	SAIR: 748052	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
130.	633-635	SAIR: 748971	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
131.	636-638	SAIR: 750324	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
132.	639-642	SAIR: 750645	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
133.	643-646	SAIR: 769100	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
134.	647-650	SAIR: 769434	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
135.	651-654	SAIR: 770922	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
136.	655-658	SAIR: 772370	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
137.	659-662	SAIR: 758202	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes

138.	663-667	SAIR: 758232	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
139.	668-671	SAIR: 789334	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
140.	672-675	SAIR: 791885	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
141.	676-679	SAIR: 792662	Undated	Partial release	Schedule 2, section 2.2 (ii)	Yes
142.	680	Email exchange between Katrina Bracher and Carol Sandland – Relates to document at Folio 63	21/08/18	Full release		Yes
Total No of Docs						
142						



CANBERRA HOSPITAL
AND HEALTH SERVICES

Agenda
Work Health & Safety Committee
Mental Health, Justice Health
and Alcohol & Drug Services

Monday 19 February 2018, 9am-10.30am

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

WELCOME

- 1. Attendance /apologies**
- 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 Justice Health Services
 - 3.6 [REDACTED]
 - 3.7 [REDACTED]
- 4. Report from Workplace Safety**
 - 4.1 SAIR Reports
- 5. Divisional Workplace Goals and Objectives**
 - 5.1 Supporting our Staff Well Being
- 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 [REDACTED]
 - 8.2 [REDACTED]
 - 8.3 [REDACTED]

Next meeting: MH, JH & ADS Work Health & Safety Committee will be held on
Monday 19 March 2018, 9am - 10.30am
Large Conference Room, Level 3, 1 Moore Street, Canberra City



Action Minutes Work Health & Safety Committee

Meeting Date: 19 February 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 November 2017

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 November 2017**

ACTION MINUTES

1. Attendance and Apologies

In Attendance:

Name	Role	✓	Ap or x
Katrina Bracher	Chair, Executive Director Mental Health, Justice Health, Alcohol and Drug Services	✓	
Dannielle Nagle	Operational Director, Justice Health Services		AP
Zoe Pope	A/Operational Director, Adult Acute Mental Health Services		AP
Jill Hughes	Operational Director, Alcohol & Drug Services	✓	
Sarah Miller	Director – Office of Allied Health		AP
Connie Galati	Office of the Director of Allied Health		✓
Bruno Aloisi	Operational Director, Adult Community Mental Health Services	✓	
Cathy Furner	Operational Director, Child & Adolescent Mental Health Services	✓	
David Jackson Hope	Operational Director of Rehabilitation & Specialty Mental Health Services		AP
Kevin Kidd	Director of Nursing		AP
Denise Meyboom	Safe Practice & Environment Coordinator, Health & Safety Representative	✓	
	Representative – Infrastructure Support		x
Daniel Guthrie	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		
Sabarish Radhakrishnan	City 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
Adrienne Tawagi	Woden Mental Health Services, Health & Safety Representative		x
Rachel Pell	Woden Mental Health Services, Health & Safety Representative	✓	
Paul Dever	Mobile Intensive Treatment Team (MITT), Health & Safety Representative		x
Julia Rozycka	Mobile Intensive Treatment Team (MITT), Health & Safety Representative	✓	

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	✓	
Judith Clark	Alcohol & Drug Services (A&DS), Health & Safety Representative		x
Lauren Hargraves	Child & Adolescent Mental Health Services, (CAMHS), Health & Safety Representative		x
Max Donnelly	Brian Hennessey Rehabilitation Centre, Health & Safety Representative		x
Helena Reed	Brian Hennessey Rehabilitation Centre, Health & Safety Representative		x
Rowena Gouw	Older Persons Mental Health Services, Health & Safety Representative		AP
Bronwyn Thomson	Justice Health Services, Health & Safety Representative		x
Mary Mitshabu	Justice Health Services, Health & Safety Representative	✓	

Minutes: Rebecca Waterson

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 met:	Managers: 6	HSR's: 7
-------------	-------------	----------

2.1 Action Minutes of Meeting of 20 November 2017

- MHJHADS Work Health and Safety Committee endorsed the minutes from the meeting of 20 November 2017.

2.2 Outstanding Action Arising Running Sheet from previous meetings

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

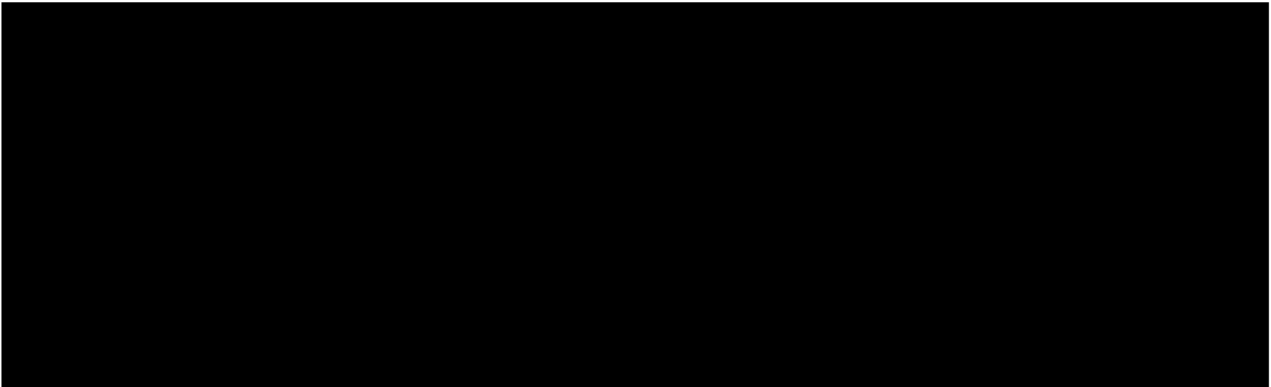
3. Program Reports

3.1 Adult Acute Mental Health Services

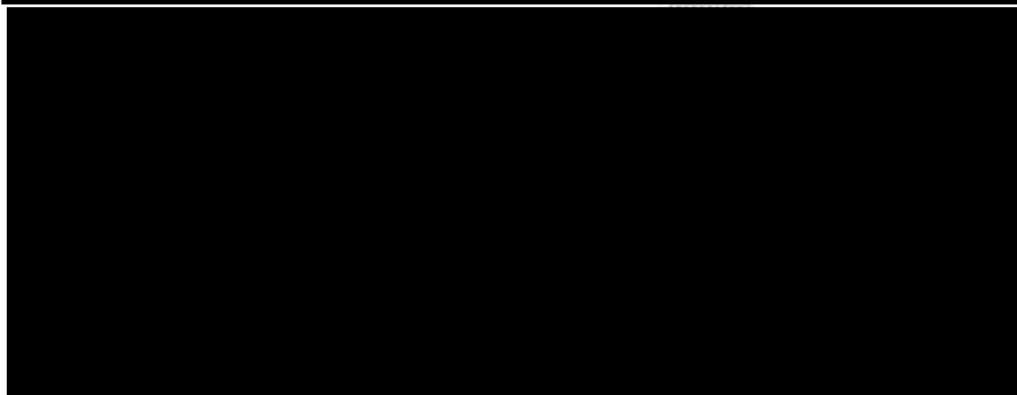
- Report tabled for information.
- No incidents reported as high or extreme.
- No notifiable incidents reported to Worksafe
- Program Risk Register has been reviewed.
- All planned inspections were conducted last month.
- Program WHS meetings were held and minuted and quorum met.
- Anti-ligature work – awaiting update on the remediation work regarding ligature risk.
- Noted it has been identified that AAMHS will need to purchase a transport van comparative to Dhulwa van, waiting for update from fleet.

- Noted issue at CL office with member of the public walking in without need to swipe for entry. Swipe reader still in progress
- Noted door was being left unlocked and swipe reader not used. This issue has now been rectified and staff given directive to use swipe reader to avoid issue in the future.
- Water leak in AMHU has been fixed.

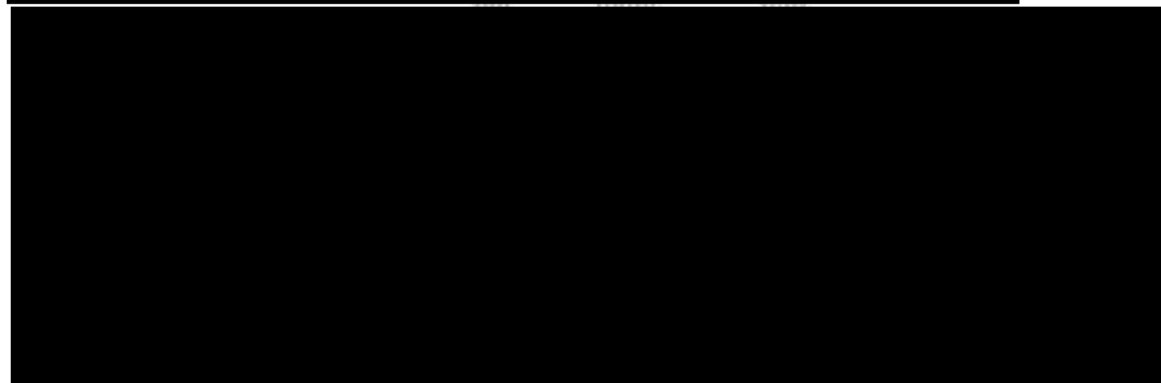
3.2



3.3



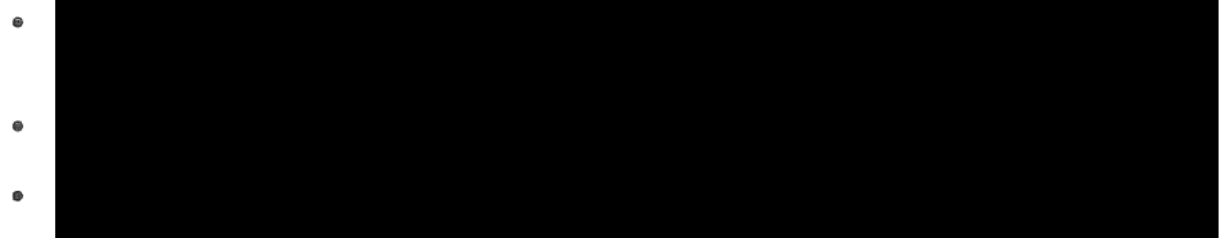
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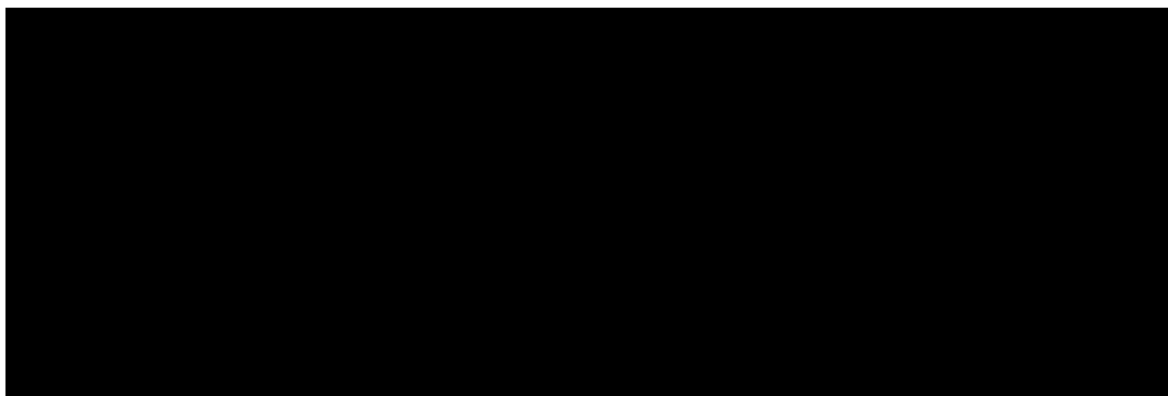
3.5

Justice Health Services

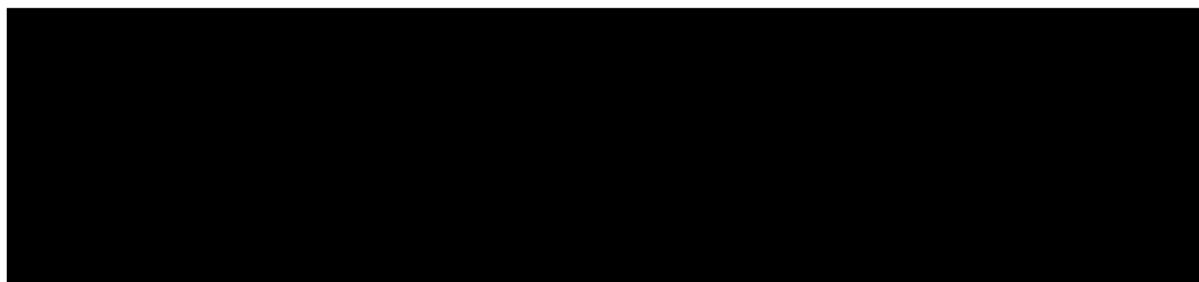
- Report tabled for information.
- No incidence reported as high or extreme.
- No notifiable incidents reported to Worksafe.
- Program Risk Register has been reviewed.
- Planned inspections were not all conducted for the last month due to workload pressure at Dhulwa.
- Program WHS meetings were held and minuted and quorum met.
- Annual Safety check completed



3.6



3.7



4. Report from Workplace Safety

4.1 SAIR Reports

- SAIR Hazard Report for November 2017 tabled for information. All Hazards reported in yellow have been addressed and completed since distribution of report.
- SAIR Incident report for November 2017 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

5.1 Supporting our Staff Well Being

- Noted Sue-Ella McGufficke, My Health Manager was to attend this meeting to speak to this topic. Sue-Ella has been invited to attend the January 2018 meeting.

6. Items to be included on the Divisional Risk Register

- Justice Health Services have raised two risk to be added to the divisional risk register.

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

- Feedback from the Tier 1 workplace safety committee meeting – Updated Dangerous Substances legislation is still on track for release 1 Jan 2018. It is anticipated that this will still include the Globally Harmonised System for Classification and Labelling (GHS).

8. Other Business

8.1



- 

Next Meeting: Monday 19 February 2018, Large Conference Room, 1 Moore Street, Canberra City.

DRAFT



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
Monthly Report for: January 2018

KEY INDICATORS		YES	NO
1.	Were any incident reports risk rated as HIGH/EXTREME or were there any CLUSTERS in the previous month?	Yes	No
2.	If YES 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 Notifiable Incidents 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 RISK REGISTER 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 PLANNED INSPECTIONS conducted for the last month? <i>If NO explain why this did not occur.</i>	Yes	
6.	At STAFF MEETINGS 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 QUOROM achieved in every Program WHS meeting? <i>If NO, explain why this did not occur.</i>	Yes	No
9.	Are HSRs attending the Program WHS meetings identified (as HSRs) in the Minutes?	Yes	No
10.	Has an ' Annual Safety Check ' been conducted? Use WHSF.41a and WHSF.41b	Yes	
11.	What was the date of the last Annual Safety Check 28 / 8 / 2017 <i>If OVERDUE explain why this did not occur.</i>	Yes	
12.	Has the annual review of the Tier 2 HSC WHS Goals and Management Plans occurred? Use WHSF.02 <i>If OVERDUE explain why this did not occur.</i>	Yes	N/A
13.	Division/Branch SharePoint listing of HSR's and First Aiders <ul style="list-style-type: none"> • Are all staff represented by a HSR and First Aider? • Is HSR and First Aid training current (e.g. initial training and annual refresher)? • Are HSR and First Aider details up to date on Sharepoint? 	Yes Yes Yes	No No No
14. Recommendations/Comments			
Submitted by	Dannielle Nagle	Operational Director JHS	15/2/18
Authorised by	Name of the Executive Director PRINTED	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

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

*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

From: [Aloisi, Bruno \(Health\)](#)
To: [Daly, Kelly \(Health\)](#)
Cc: [Braun, Helen \(Health\)](#)
Subject: FW: MHJHADS Coronial hearing [SEC=UNCLASSIFIED]
Date: Sunday, 4 February 2018 11:07:03 AM

Hi Kel

Given this arose out of our WH&S meeting as well (I think), we should also bring this advice from Sue-Ella back there too.

Cheers

Bruno

From: McGufficke, Sue-Ella (Health)
Sent: Friday, 2 February 2018 10:25 AM
To: Braun, Helen (Health) <Helen.Braun@act.gov.au>
Cc: Aloisi, Bruno (Health) <Bruno.Aloisi@act.gov.au>; Taylor, Ric (Health) <Ric.Taylor@act.gov.au>
Subject: MHJHADS Coronial hearing [SEC=UNCLASSIFIED]

Hi Helen

I hope this email finds you well. I've called a few times since our last contact but we keep missing each other. I've been following up regarding your query on what types of support we can offer MHJHA&DS staff who will attend the coronial inquest in April/May. I have contacted each of our EAP providers regarding this request and have listed below a summary of what each can offer. In my opinion Assure would be the most suitable, given their exclusive use of psychologists with minimum 5 years' experience, but of course the choice is yours.

People Sense – Relationship Manager - Laura Fildes 0435 826 165

- Can provide training to assist staff in stress management and self-care when testifying
- During the hearing provide a psychologist on site and phone support
- Costs TBA depending on requirements

Davidson Trahaire Corpsych – Relationship Manager - Rose Hjoby 0437 284 109

- Can provide a Well Check service for each individual, 1-1 with follow up phone calls
- Phone or face to face consults and coaching
- Trauma Assist Service can provide group education and individual debriefing (2 clinicians on site)
- Costs TBA depending on requirements

Assure – Dee Clemow – Relationship Manager - 0411 141 540

- Onsite support with easy access to counsellors/psychologists so all barriers removed
- Exclusively use qualified psychologists with a minimum of 5 years experience
- Managerial and leadership support around how to support staff during this period
 - o Also provide managers with options on how to refer staff, if required, for further support
- Skills based approach re media coverage
 - o Group Training and strategies on stress management
 - o Psychologists to be on site during planned periods
- Costs TBA depending on requirements

Converge – Relationship Manager - Paul Hughes – 0435 718 831

- One on one service due to the fact there is a high potential risk of contamination of evidence.
- Onsite presence – Potentially one day/half day per week to provide 1-1 support during that 2 month period
- Critical Incident support on the phone and provide EAP permission to call the staff members after they have provided evidence.
- Provide a Job Number to ACT Health and they could call us and ask for the service which we would then provide within 24 hours
- Any staff member that is feeling challenged by having to give evidence can be referred for EAP.
- Costs TBA depending on requirements

In addition some suggestions from *MyHealth* are:

Health Checks (by OzHelp) - Contact James Mills 6251 4166

Initial self-assessment of physical and mental wellbeing completed online

- immediate phone call by support staff offering support and assistance for any red flags raised during on-line self-assessment
- phone coaching provided for up to 12 months
- Cost – \$39.95 per person

Seated Massage (by Hands On Corporate and Events Massage) - Contact Sarah Jayne Cornell 0410 546 002

- Massage therapist to provide seated massage for staff on a regular basis in the lead up to, during and post the inquest and intense media coverage.
- Cost - \$75 per hour

Catering (by Food Services) – 6244 3930

- Lunch to be provided to relevant teams on a bi-weekly basis in the lead up to, during and post the inquest and intense media coverage.

Please let me know if you need any further information or if I can be of any further assistance.

Warm regards

Sue-ella McGufficke | Manager - MyHealth Staff Health and Wellbeing | Organisational Development | People and Culture | ACT Health

T: (02) 6207 0266 | **E:** sue-ella.mcgufficke@act.gov.au
Level 3, 2-6 Bowes Street, PHILLIP ACT 2606

Developing leaders, Building teams, Improving wellbeing, culture and performance



ACT
Government
Health

Care Excellence Collaboration Integrity



CANBERRA HOSPITAL
AND HEALTH SERVICES

Agenda
Work Health & Safety Committee
Mental Health, Justice Health
and Alcohol & Drug Services

Monday 16 April 2018, 9am-10.30am

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

WELCOME

- 1. Attendance /apologies**
- 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 Justice Health Services
 - 3.6 [REDACTED]
 - 3.7 [REDACTED]
- 4. Report from Workplace Safety**
 - 4.1 SAIR Reports
- 5. Divisional Workplace Goals and Objectives**
 - 5.1 Supporting our Staff Well Being
- 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 Critical Incident Support for Staff Procedure
 - 8.2 My Health Newsletter and flyers

Next meeting: MH, JH & ADS Work Health & Safety Committee will be held on
Monday 21 May 2018, 9am - 10.30am
Large Conference Room, Level 3, 1 Moore Street, Canberra City



CANBERRA HOSPITAL
AND HEALTH SERVICES

Action Minutes Work Health & Safety Committee

Meeting Date: 19 February 2018

Agenda Item No: 2.1

Subject: Action Minutes of Mental Health, Justice Health, Alcohol & Drug Services
Work Health and Safety Committee - Meeting of 19 February 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
19 February 2018**

ACTION MINUTES

1. Attendance and Apologies

In Attendance:

Name	Role	✓	Ap or x
Bruno Aloisi	Chair, A/g Executive Director Mental Health, Justice Health, Alcohol and Drug Services	✓	
Danielle Nagle	Operational Director, Justice Health Services		x
Helen Braun	A/g Operational Director, Adult Acute Mental Health Services	✓	
Sally Billington	A/g Operational Director, Alcohol & Drug Services	✓	
Sarah Miller	Director – Office of Allied Health	✓	
Connie Galati	Office of the Director of Allied Health	✓	
Rachael McMahon	Operational Director, Adult Community Mental Health Services	✓	
Cathy Furner	Operational Director, Child & Adolescent Mental Health Services		AP
David Jackson Hope	Operational Director of Rehabilitation & Specialty Mental Health Services	✓	
Kevin Kidd	Director of Nursing		AP
Denise Meyboom	Safe Practice & Environment Coordinator, Health & Safety Representative	✓	
	Representative – Infrastructure Support		x
Daniel Guthrie	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	✓	
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		x
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		x

Lauren Hargraves	Child & Adolescent Mental Health Services, (CAMHS), Health & Safety Representative		x
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
Mary Mitshabu	Justice Health Services, Health & Safety Representative		x

Minutes: Ryan Sharpe

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 met:	Managers: 6	HSR's: 6
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2.1 Action Minutes of Meeting of 20 November 2017

- MHJHADS Work Health and Safety Committee endorsed the minutes from the meeting of 20 November 2017.

2.2 Outstanding Action Arising Running Sheet from previous meetings

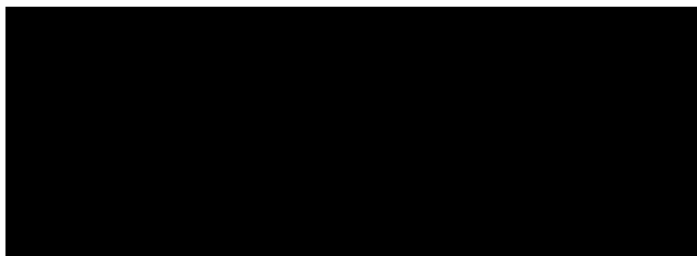
- MHJHADS Work Health and Safety Committee reviewed the actions arising from previous meetings.

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.
- High percentage of seclusion and restraint over December and January.
- Removal of bathroom doors will be going ahead. Privacy screens will be installed.
- Transport van has been ordered.
- Astro turf in HDU courtyard is falling apart and concrete underneath it is crumbling.
- Consultation Liaison swipe reader has been fixed.

3.2



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

3.3

[Redacted]

3.4

[Redacted]

3.5 Justice Health Services

- Report tabled for information.
- No incidence reported as high or extreme.
- 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

3.6

[Redacted]

3.7

[Redacted]

4. Report from Workplace Safety

4.1 SAIR Reports

- SAIR Hazard Report for January 2018 tabled for information.
- SAIR Incident report for January 2018 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

5.1 Supporting our Staff Well Being

- Please make sure all areas under staff desks are clear of any objects to prevent trip hazard.

6. Items to be included on the Divisional Risk Register

- No risks to be added to the Divisional risk register.

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

- No issues to be raised to the Tier 1 Workplace Safety meeting.

8. Other Business

8.1



8.2 *Psychological First Aid training for staff to cover critical incidents*

- Critical incident resources tabled for information.
- ACT Health-wide critical incident guideline is in development.
- MHJHADS is developing a Divisional specific guideline. Decision made to continue progressing development of this Guidelin.
- Draft version endorsed and to be used as interim document as required.

Next Meeting: Monday 19 March 2018, Large Conference Room, 1 Moore Street, Canberra City.

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

Submitted by Helen Braun - Adult Acute Mental Health Services
Monthly Report for March 2018

KEY INDICATORS		YES	NO
1.	Were any incident reports risk rated as HIGH/EXTREME or were there any CLUSTERS in the previous month?		No
2.	If YES 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 Notifiable Incidents 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 RISK REGISTER 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 PLANNED INSPECTIONS conducted for the last month? <i>If NO explain why this did not occur.</i>	Yes	
6.	At STAFF MEETINGS were WHS issues discussed and minuted for the month? <i>If NO explain why has did not occur.</i>	Yes	
7.	At the Program WHS meeting were WHS issues discussed and minuted for the quarter? AAMHS Workplace Safety Meeting was held 08 August 2017 <i>If NO, explain why this did not occur.</i>	Yes	No
8.	Was a QUOROM achieved in every Program WHS meeting? <i>If NO, explain why this did not occur. A quorum was not achieve at the meeting however the meeting still went ahead</i>	Yes	
9.	Are HSRs attending the Program WHS meetings identified (as HSRs) in the Minutes?	Yes	No
10.	Has an ' Annual Safety Check ' been conducted? Use WHSF.41a and WHSF.41b		
11.	What was the date of the last Annual Safety Check August 2017 <i>If OVERDUE explain why this did not occur.</i>	Yes	No
12.	Has the annual review of the Tier 2 HSC WHS Goals and Management Plans 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"> Are all staff represented by a HSR and first Aider? Is HSR and First Aid training current (e.g. initial training and annual refresher)? Are HSR and First Aider details up to date on Sharepoint? 	Yes	No No
14.	Recommendations/Comments <i>(e.g. for noting, for advice etc)</i>		
Submitted by	Helen Braun	AAMHS Operational Director	12 April 2018
Authorised by		Signed by the Executive Director	Date

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

Send to: Katrina.bracher@act.gov.au

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. Sep 2017 – Courtyard remediation works completed. Minister for Mental Health inspecting on 11 Oct 17. Oct 2017 – Awaiting update on the remediation work regarding ligature risk. Nov 2017 – ongoing Jan 2018 – bathroom doors to be removed – schedule to be developed and privacy option to be scoped. February 2018 – ongoing. March 2018 Still in progress, currently determining a safe and aesthetically pleasing

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>solution to the removal of the bathroom doors.</p>
<p>Astro turf lifting in HDU courtyard</p>	<p>Jan 2018</p>	<p>L</p>	<p>Office Manager/HSR followed up with maintenance</p>	<p>Leanne Done / Office Manager</p>	<p>Unknown</p>	<p> August 2017 – Interim measure to extend lease of current vehicle. Oct 2017 – to liaise with Fleet Nov 2017 – Carry over being progressed with Fleet and ACT Security Services Jan 2018 – ordered February 2018 Helen provided photos of DHULWA Van for specifications. Helen to check order status. March 2018 Helen confirmed order, waiting status update on progress. Jan 2018 – issue identified as a trip hazard and also the concrete is crumbling in places. February 2018 – Update requested. March 2018 Currently waiting on contractors reply. </p>

MONTHLY WORK SAFETY REPORT

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

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

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

Definitions

Accident/Incident - An actual occurrence in the workplace that caused injury to workers, damage to property, plant/equipment
Hazard – Potential cause of a workplace accident or incidents that could cause injury to workers, damage to property, plant/equipment
Near Miss - Incidents in the workplace resulting in "Near Miss" situations to workers, damage to property, plant/equipment.

Meeting Minutes
HSR – Concerns for Discussion - Dhulwa
20/03/2018 at 3-4 pm.

Attendees:		
Simon Cavanagh (SC)	Daniel Guthrie (DG)	Deborah Plant (DP)
Carol Sandland (CS)	Denise Meyboom (DM)	Lavinia Ma'u-Pohiva
Minute Taker: Simon Cavanagh		

The following minutes are to be read in conjunction with Attachment 1 – Email: “HSR Concerns”.

Agenda Items/ Brief Description	Discussion/ Agreed Actions/ Outcomes
<p>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 included:</p> <ul style="list-style-type: none"> • Not having a witness when an incident occurs. • Lack of consumer supervision if the staff member needs to go to the toilet. 	<p>DP advised:</p> <ul style="list-style-type: none"> • All patients who are granted leave from DMHU have been subject to extensive, evidence based risk assessment processes by the extended MDT. These decisions are further reviewed by the DMHU Leave Panel <p>DP agreed to:</p> <ul style="list-style-type: none"> • An interim measure to be put in place recommending that consumers with sexual assault history are to be escorted by male staff • All staff who feel unsafe are to discuss their concerns directly with CNC or management team. • No staff are to be participate in an escort if they feel unsafe • Update policy and procedural documents to cover processes associated with escorting, such as use of cars for transport and staff resourcing requirements based on assessed risk. Ensure appropriate control measures are in place. • Include escort procedures into formalized training programs • Consideration to be given to mandatory 2:1 staff to consumer escorting ratio. DP advised that this would require Divisional input and benchmarking against other jurisdictions. • Raise the option of taxi use in circumstances when implementing 1:1

	<p>escorting for consumers where staff feel unsafe.</p> <ul style="list-style-type: none"> • Explore the option of floor staff attending leave panel. Floor staff will be required to commit to regular attendance and or proactive clinical input into this meeting
<p>Distance between Seclusion Rooms and Main Facility Concerns raised re escorting an agitated consumer through a hallway with four doors to reach seclusion rooms.</p>	<p>It was discussed that:</p> <ul style="list-style-type: none"> • The current layout of the facility is unable to be changed • The management of agitated patients into this space needs to be managed operationally <p>DP advised:</p> <ul style="list-style-type: none"> • A procedural review has identified some issues around the identification and management of the deteriorating patient. The DMHU management team are currently undertaking a review and update of the relevant procedures as an element of the phase 2 roll out. This should provide greater clarity and guidance for staff in the early identification of issues and management of patients within the unit. h
<p>Consumers using metal Cutlery Concerns raised re consumers having access to metal cutlery in meal room. Staff would like to see introduction of plastic cutlery.</p>	<p>Discussion occurred regarding previous benchmarking activities against other similar facilities; where metal cutlery is often preferred. Reasons include: it's harder to conceal rigid metal utensil, metal is detectable and it's harder to refine a metal object into a concealable shiv compared to plastic. Group agreed metal cutlery remain, but review style and size. Concern raised as to the size of the forks and that smaller alternatives were used in other jurisdictions (e.g. NZ)</p> <p>DP agreed to:</p> <ul style="list-style-type: none"> • 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. <p>Group agreed a flexible approach should be taken based on ward and patient acuity.</p>

	With plastic cutlery being one option only in certain situations.
<p>Violence Prevention Management (VPM) Two separate concerns:</p> <ol style="list-style-type: none"> 1. Incident where nurses were required to enter seclusion room with a consumer who was not adequately medicated, resulting in injuries to four staff. 2. Concerns raised regarding appropriateness of PPE, such as eye protection. 	<p>DP agreed to:</p> <ul style="list-style-type: none"> • Offering and facilitating staff rotations into AMHU to provide opportunity for staff to gain experience and mentoring around the handling of high acuity mental health clinical areas. The temporary increase in staff as an element of the phase 2 recruitment will provide opportunity to roster staff into other areas of the Division. • Consider SDU PART training staff to provide targeted training in the management of seclusion rooms including the safe re-entering and exiting of the seclusion room given they work closely with ED and AMHU in managing these areas. <p>DP advised:</p> <ul style="list-style-type: none"> • Previously, 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 should be escalated to police e.g. when a patient is barricaded into a room, brandishing of a weapon • Soft shield eye protection is considered appropriate and is being reviewed by management with a view to purchasing.
<p>Nursing Staff are only staff designated to pat down. 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>Discussion occurred around managing operationally by utilization of other available staff.</p> <p>DP advised that procedure stipulates that only an APRA registered professional may perform this function. Some allied health professionals may not have the required registration.</p>

	DP agreed to: <ul style="list-style-type: none"> • Check exactly which Allied Health staff are approved to assist.
Lessons Learnt Register Discussed need to record lessons learnt & solutions for use in training, induction, handover etc.	DP agreed to: <ul style="list-style-type: none"> • Assist with developing a process for ensuring training, induction and handover materials are updated when a new lesson is learnt or solution discovered.

Attachment 1 – Email: “HSR Concerns”.

HSR

15 February, 2018 8:27 AM

Dear Deborah & Tash,

In my capacity as Work Health and Safety Officer at Dhulwa Mental Health Unit, I feel obliged to inform you of the following concerns that have been brought to my attention by my fellow nurses:

• **Nurse escorts feel unsafe**

Staff feeling unsafe when taking consumers off-site. Nurses are required to escort consumers at a 1:1 ratio between Dhulwa and the community as part of their rehabilitation. Staff believe that their safety is compromised in this situation, particularly whilst driving the vehicle alone with the consumer.

Moreover, as Dhulwa is a facility which caters for consumers with criminal histories, a number of male consumers have histories of sexual assault. Several female nurses report feeling very uncomfortable being put into one-to-one situations with these consumers and do not feel adequately protected.

• **The distance to the Seclusion Rooms from the main facility poses a number of hazards when escorting consumers**

Many staff consider that the distance to the Seclusion Rooms, from the rest of the main facility, is too far to safely take consumers to. There are four doors that must be opened along the passage way to the room and obstacles that hinder the path of staff transporting consumers to the room. Consumers are often in a state of high agitation when they require being placed in the Seclusion Rooms and can often become very resistant and physical with staff.

• **Consumers have access to metal cutlery**

Consumers have access to metal cutlery in the meal room. Staff consider this to be a risk to their health and safety and would like to see the introduction of plastic cutlery.

• **Violence Prevention Management (VPM)**

A majority of the nursing staff feel that the current VPM does not satisfactorily provide safety to staff and consumers and an urgent review of the current policy is required.

One incident from August 2017 required nurses to enter a Seclusion Room after a consumer was not adequately medicated, resulting in two employees being required to present to the emergency department after being assaulted by the consumer, with a further two employees sustaining injuries. The current VPM does not include seclusion room entries and nursing staff request training around this unsafe situation and other likely scenarios.

Nursing staff also consider some areas of the personal protective equipment (PPE) to be unsatisfactory. For example, the eye protection is designed for protection against spitting but would likely cause greater injury if the staff member wearing the PPE was struck in the face.

• **Nurses are often left alone with consumers in De-escalation and Enhanced Care Rooms**

Staff are feeling unsafe and at risk when required to attend De-escalation and Enhanced Care Rooms alone with consumers. Staff consider a minimum of two staff should be required when entering these Rooms.

• **Nursing staff are the only staff members designated to pat down consumers**

Nursing staff are required to pat down consumers who are returning to premises with a member of Allied Health staff. When this occurs, this takes nursing staff off the floor, reducing Nurse numbers, and can potentially create a dangerous environment. As Allied Health employees are trained in this procedure, consideration should be given to whether there is an alternative that reduces the risks associated with decreased nursing staff on the floor.

Thank you for taking the time to consider the above matters. I look forward to your response and hope the above concerns can be satisfactorily resolved.

Your sincerely

Carol Sandland

Health and Safety Representative - Dhulwa

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: Sally Billington and Deborah Plant
Monthly Report for: March 2018

KEY INDICATORS		YES	NO
1.	Were any incident reports risk rated as HIGH/EXTREME or were there any CLUSTERS in the previous month?	Yes	No
2.	If YES 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 Notifiable Incidents 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 RISK REGISTER 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 PLANNED INSPECTIONS conducted for the last month? <i>If NO explain why this did not occur.</i>	Yes	
6.	At STAFF MEETINGS 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 QUORUM achieved in every Program WHS meeting? <i>If NO, explain why this did not occur.</i>	Yes	No
9.	Are HSRs attending the Program WHS meetings identified (as HSRs) in the Minutes?	Yes	No
10.	Has an ' Annual Safety Check ' been conducted? Use WHSF.41a and WHSF.41b	Yes	
11.	What was the date of the last Annual Safety Check 28 / 8 / 2017 <i>If OVERDUE explain why this did not occur.</i>		
12.	Has the annual review of the Tier 2 HSC WHS Goals and Management Plans occurred? Use WHSF.02 <i>If OVERDUE explain why this did not occur.</i>	Yes	N/A
13.	Division/Branch SharePoint listing of HSR's and First Aiders <ul style="list-style-type: none"> • Are all staff represented by a HSR and First Aider? • Is HSR and First Aid training current (e.g. initial training and annual refresher)? • Are HSR and First Aider details up to date on Sharepoint? 	Yes Yes Yes	No No No
14.	Recommendations/Comments Concerns raised around a number of operational issues and procedures within DMHU. These include: <ul style="list-style-type: none"> • Patient escorts • Management of Seclusion rooms • Management of Cutlery • VPM Training • Personal Search Meeting held with DMHU HSR, ACT Health Workplace Safety and MHJHADS Workplace Safety officer to discuss concerns on 20/03/2018. Concerns also raised through ANMF notification. Work plan in place to address issues as reflected in the Minutes from meeting 20/03/2018 (attached) – for tabling in MHJHADS Divisional WPS meeting		
Submitted by	Sally Billington	A/g Operational Director JHS	5/4/18
	Deborah Plant	Operational Director DMHU	5/4/18

CANNBERRA HOSPITAL
AND HEALTH SERVICES**MONTHLY WORK SAFETY REPORT**

Authorised by	Name of the Executive Director PRINTED	Signed by the Executive Director	Date
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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

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]
Operational issues raised as impacting on WPS including:	March 2018	TBA	Meeting with Management Team, HSRs and ACT WPS to work through specific corrective action plan	Deb Plant	As soon as possible	March 2018	As per attachment – "Meeting Minutes – HRS Concerns for Discussion – Dhulwa"
<ul style="list-style-type: none"> • Patient escorts • Management of Seclusion rooms • Management of Cutlery • VPM Training • Personal Search 							

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

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

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



MONTHLY WORK SAFETY REPORT

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.

Guidelines

Critical Incident Support for Staff

Contents

Contents.....	1
Purpose	2
Scope.....	2
Procedure.....	2
Roles and responsibilities.....	3
Implementation	4
Evaluation.....	4
Related Policies, Procedures, Guidelines, Frameworks, Standards and Legislation	4
Definition of Terms	5
Search Terms.....	5

Purpose

The purpose of these Guidelines is to inform managers, team leaders and supervisors about the process to support staff following a critical incident.

Scope

These guidelines apply to all ACT Health staff including contractors, volunteers and students.

Procedure

Working in ACT Health, staff may be strongly affected by the work that they do. This can be through direct exposure to traumatic events or it can be through secondary exposure, such as hearing people talk about trauma they have experienced, helping people who have been victimised or seeing people's inability to improve their life circumstances.

Staff may be affected by their work in different ways. Positive consequences of working in a helping environment include feeling like it is a pleasure to help others, or getting satisfaction from contributing in the work setting, or to the greater good of society (Stamm, 2009). Staff may also experience negative consequences such as compassion fatigue or vicarious trauma.

Working in Health staff may be exposed to critical events. Any incident has the capacity to affect a staff member – it doesn't have to be a major incident to have an effect. It can be the combination of accumulated stress with the incident itself that can cause an unusually strong emotional response. An accumulation of low impact incidents can gradually impact the staff members health and wellbeing. The reaction of the staff member makes the incident critical not the nature or size of the incident. Support is available for staff who may be experiencing a stressful reaction as a result of their work within ACT Health. The aim is to provide a positive way to deal with the effects of a critical incident. There are a range of support options available for staff

Critical incidents are unexpected and may involve a threat to life or welfare. IF any of the following incidents occur it is mandatory to commence a critical incident response:

- Mass disasters
 - Natural disasters (bushfire, flood, earthquake)
 - Industrial disasters (oil spill, explosion)
 - Human events (bomb threat, mass shooting, terrorist attack)
 - ? any others

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
17-016	X	<XX/XX/XXXX>	01/11/2019	XXXX	2 of 13

Staff are less likely to experience long term issues when information and support is provided. It is normal to have an intense reaction even if you were indirectly involved. These guidelines aim to assist staff deal with the normal physical and emotional reactions that may occur when exposed to a critical incident. These responses include:

- Confusion
- Frustration
- Crying
- Anger
- Difficulty concentrating
- Disorganisation
- Feeling out of control
- Fatigue

It is important to be aware of behaviour changes in staff that may present in the workplace. Some of the ways behaviour changes may present are through the following:

- Increased emotional outbursts
- Change in quality of work
- Confusion
- Increased time off work
- Decreased reliability
- Forgetfulness
- Erratic behaviour or mood swings
- Aggressive or irritable
- Difficulty concentrating
- Decrease in productivity
- Increase in accidents on the job

By picking up on behaviour changes early and referring staff to support services offered will give staff the best chance of resolving matters quickly. Staff may require support on issues impacting their work. A sensitive way to discuss this with staff is to ask if they are receiving enough support at this time. Remind staff that professional, confidential and practical support and advice is available through the EAP. If managers need advice on how to support or refer staff they can also contact the EAP Managers Hotline.

EAP sessions are confidential – a safe and private space for staff to connect with a professional counsellor without fear that any details will be discussed with their manager or the organisation. Managers also need to be aware that even if a staff member is referred to EAP they cannot receive information on the process without written consent of the employee. Privacy is maintained unless details are required by law, or there is a risk of the staff member harming themselves or someone else, in which case there is a duty of care to notify the employer; they are referred to a clinical specialist or with consent of the employee.

Group debriefing is no longer considered best practice as it has been shown in some cases to have the potential to cause harm to people by re-traumatising them or traumatising those who may not initially have been impacted by it.

When a critical incident occurs the Manager will:

- Be notified by staff and report the details on RISKMAN or Staff Accident Incident reporting (SAIR). In addition all incidents of assault, theft, robbery or damage to ACT Health property are to be reported to the Australian Federal Police.
- Identify the staff that may be impacted by the incident/events directly or indirectly.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
17-016	X	<XX/XX/XXXX>	01/11/2019	XXXX	3 of 13

- **Who is approved to call a Critical Incident and enact the Guidelines?**
- Check in and seek permission to speak with the staff members involved. Make yourself available to staff for confidential and non-judgemental discussion about their concerns.
 - To minimise the possible effect on others be mindful to not talk about or commence the discussion in an area where others may hear the conversation.
 - Remind staff that they are safe and the incident is over.
 - Actively listen to staff when they are telling you about their experience. To communicate your understanding of what they have said feedback key aspects of the conversation.
 - Show empathy and understanding when they are speaking.
 - Do not try to fix the problem but acknowledge it and offer support.
 - Reinforce the message that a wide variety of reactions are normal to an extraordinary event and are to be expected.
 - Remind staff that returning to normal activities (as and when appropriate) will help recovery.
 - Remind staff that as a manager you are there to guide them to the support that they may need.
 - Encourage staff to seek social support from family and friends.
 - Remind staff that professional, confidential, practical advice and support is available through EAP.
 - Acknowledge that this is a difficult time for some people and it's OK to share feelings of anxiety, fatigue or frustration.
 - Focus on their experience and avoid comparisons of similar situations..
 - Avoid trivialising or devaluing their experience or feelings and don't use comments such as "I know how you feel", or "it will be fine".
 - Provide information re support for staff, self care and coping strategies.
- Provide initial support with Psychological First Aid (if trained) Attachment B

Self Care

Roles and Responsibilities

Following a critical incident Managers of the affected staff are required to:

- Play a coordination role.
 - Within 48 hours identify staff that may be impacted by the incident, either directly or indirectly.
 - Ensure that their staff are in a safe place and are provided with information and access to appropriate resources.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
17-016	X	<XX/XX/XXXX>	01/11/2019	XXXX	4 of 13

- Be the conduit of information for any medico-legal matters that may arise.
- Contact one of the EAP providers and provide a clear description of facts about the incident, including:
 - where and when, type of incident, number of staff involved, and what will happen next.
 - *Contact ACT Health EAP Relationship Manager ?? required*
 - Note the EAP provider:
 - Will provide immediate feedback to the manager and will include staff identified as high risk of subsequent psychological injury as a result of the incident/event and currently presenting with an acute stress response
 - can be on site within 2 hours if required and deemed appropriate.
 - will determine when group support will be provided to staff which varies, from 24 hours to ten days, depending on the incident . The aim of this initial support is to provide information on normal stress reactions, reduce the impact of the incident, support people to be at work, provide support options available and check on individual's wellbeing.
- Provide initial individual support via psychological first aid, if trained and also provide staff involved with information on the normal stress reactions following a critical incident. This can be done by the manager themselves if they have the skills and expertise to do so; can be supported by coaching through the EAP Managers Hotline; or can be requested through EAP.
- Enter a report of a critical incident in to Riskman and/or Staff Accident and Incident Reporting (SAIR) within appropriate time frames.
- Be aware of additional stresses in the workplace which may lead to compounding distress and burnout. Consider the following steps:
 - Be aware of signs of stress in staff.
 - Identify potential sources of stress and attempt to reduce or eliminate these wherever possible.
 - Maintain a sense of routine so staff feel a sense of control over their environment.
- Identify high risk situations and make all efforts to ensure mitigating measures are in place and regular reports are provided to Executive.
- Provide staff with copies of relevant documents eg ACT Health When Death Occurs and When Death Occurs -Coronial Matters.
- It is not recommended for staff to utilise other staff members for critical incident support as it has been shown in some cases to have the potential to cause harm to people by re-traumatising them or traumatising those who may not initially have been impacted by it.
- Have regular check-ins with staff and remind them of the support services available including local and National Help/Support lines and ACT Health EAP providers.
 - Check-ins could form part of the regular one-on-one meetings.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
17-016	X	<XX/XX/XXXX>	01/11/2019	XXXX	5 of 13

- These contacts can be found in Table 1 below and on the Support for Staff intranet page:

Provider	Phone Number	Website
Police, Fire, Ambulance	0-000	
Security	Dial 8 (TCH only)	
Crisis Assessment and Treatment Team	1800 629 354	
ACT Health Spiritual Support Services	6244 3849	
Lifeline	13 11 14	
Doctors Health Advisory Service	9437 6552	
Nursing and Midwifery Support Service	1800 667 877	
Stand By Support after Suicide	0421 725 180	
Suicide Call Back Service	1300 659 467	
Domestic Violence Crisis Service	6280 0900	
Assure Corpsych	1800 808 374	assureprograms.com.au/
Converge International	1300 687 327	www.convergeinternational.com.au/
Benestar	1300 360 364	www.benestar.com.au/
People Sense	1300 307 912	www.peoplesense.com.au/
Next Step	6287 8066	
People and Culture		
WHS Manager		
Clinical Supervisors ??		
Discipline Principals ??		

- Ensure self care, health and wellbeing is added as a regular team meeting agenda item to reinforce self care and available support for staff.

Employees will be:

- provided with information by their manager about the incident and what will happen next. Their manager will also check in about their needs and coordinate support for those involved in the critical incident.
- Encouraged to seek support at any time as there is no time limit on when support can be provided.
- Employees are responsible for:
- Self-awareness and self-care on a daily basis.
- Identifying situations and reporting to their manager where they are themselves or they believe a colleague is experiencing a change in behaviour, post-traumatic stress event or critical incident.
- Utilising their clinical or professional supervisors for support.
- Attending programs that will increase awareness and education of self care and stress management.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
17-016	X	<XX/XX/XXXX>	01/11/2019	XXXX	6 of 13

Clinical Supervisors are responsible for:

- Providing support to staff who approach them following a critical incident or referring to relevant support service.

People and Culture are responsible for:

- Advising staff of the range of support services available to support staff in crisis
- Enabling access to tools and service providers that are qualified to assist.
- Work with managers and teams, as required, to manage the incident to ensure business continuity in the short term.

Implementation

Managers are encouraged to ensure that Support for Staff resources including EAP brochures, posters and similar material are circulated and displayed throughout ACT Health workplaces. These are available through People and Culture's MyHealth intranet site or Manager.

Evaluation

Outcome Measures

- All ACT Health staff are aware of this procedure and the resources available to them
- The procedure and its related policies and resources are utilised by ACT Health staff when dealing with or experiencing a critical incident.

Method

Related Policies, Procedures, Guidelines, Frameworks, Standards and Legislation

Policies

Clinical Supervision

Employee Assistance Program

Incident Management

Respect at Work-Resolving workplace issues

Risk Management

Violence and Aggression by Patients, Consumers or Visitors – Prevention and Management

Work Health and Safety Management System

ACT Government Building Positive Work Attendance Policy

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
17-016	X	<XX/XX/XXXX>	01/11/2019	XXXX	7 of 13

Procedures

Incident Management

Violence and Aggression by Patients, Consumers or Visitors

Work Health and Safety Management System

Canberra Hospital and Health Services – Operational Procedure - Incidents Reportable to the Executive Director and Intervention Following the Death of a Person – Mental Health, Justice Health and Alcohol and Drug Services

Guidelines

Clinical Supervision for Allied Health Clinicians

Standards of Practice for ACT Health Allied Health Professionals

Legislation

Human Rights Act 2004 (ACT)

Public Sector Management Act 1994

Work Health and Safety Act 2011

All ACT Public Sector Enterprise Agreements, 2013–2017

Psychological First Aid Action Principles, World Health Organisation, 2011

Supporting Staff Impacted By a Critical Incident, University of Queensland

Definition of Terms

Critical Incident

Any event or series of events that is sudden, overwhelming or protracted. This may be assault, robbery, threats, severe injury, workplace violence, death, disability, injury or harm fire or bomb threat.

Vicarious Trauma

A normal response that can occur in a person when in the course of their work they are repeatedly exposed to traumatic material – it happens because workers care and work in a way that engages with people through empathy.

Stress

The feelings that people may have in response to pressure or demands that they face in their lives.

Search Terms

Critical incident; trauma; support; EAP; coronial; coroner; inquest;

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<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
17-016	X	<XX/XX/XXXX>	01/11/2019	XXXX	8 of 13

Date Amended	Section Amended	Approved By

Attachment A: **Critical Incident Support for Staff**

What is a critical incident?

Working in Health staff may be exposed to critical events. Any incident has the capacity to affect a staff member – it doesn't have to be a major incident to have an effect. It can be the combination of accumulated stress with the incident itself that can cause an unusually strong emotional response. An accumulation of low impact incidents can gradually impact the staff members health and wellbeing. The reaction of the staff member makes the incident critical for that person not the nature or size of the incident.

Critical Incident Support

Support for staff is available to all ACT Health staff, volunteers, students or contractors who may be experiencing a stressful or traumatic reaction following exposure to events during the course of their work.

Aim

The aim of Critical Incident Support for staff is to provide a positive way to deal with the effects of a critical incident.

Confidentiality

Privacy is maintained for critical incident support. No details will be discussed with the employees manager or ACT Health unless it is required by law; there is a risk of the staff member harming themselves or someone else (in which case there is a duty of care to notify the employer); they are referred to a clinical specialist or with consent of the employee.

Involvement

Staff who are involved in a critical incident, directly or indirectly, are encouraged, but not obliged, to attend EAP.

Employee Assistance Program (EAP)

EAP provides confidential support for staff – a safe and private space for staff to connect with a professional counsellor without fear that any details will be discussed with their manager or the organisation. Once notified of a critical incident (the type of event and number of people involved) the EAP provider can be on site within 2 hours if deemed appropriate. Following discussion with the notifying manager EAP will determine when group support will be provided to staff which varies, from 24 hours to ten days, depending on the incident. The aim of this initial support is to provide information on normal stress

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
17-016	X	<XX/XX/XXXX>	01/11/2019	XXXX	9 of 13

reactions, reduce the impact of the incident, support people to be at work, provide support options available and check on individual's wellbeing.

Assure Corpsych 1800 808 374 assureprograms.com.au/
Converge International 1300 687 327 www.convergeinternational.com.au/
Benestar 1300 360 364 www.benestar.com.au/
People Sense 1300 307 912 www.peoplesense.com.au/

Awareness and Education

EAP can provide critical incident stress awareness and management sessions on request.

Normal Reactions

- Increased emotional outbursts
- Change in quality of work
- Confusion
- Increased time off work
- Decreased reliability
- Forgetfulness
- Erratic behaviour or mood swings
- Aggressive or irritable
- Difficulty concentrating
- Decrease in productivity
- Increase in accidents on the job

Resources

<i>Provider</i>	<i>Phone Number</i>	<i>Website</i>
<i>Police, Fire, Ambulance</i>	<i>0-000</i>	
<i>Crisis Assessment and Treatment Team</i>	<i>1800 629 354</i>	
<i>ACT Health Spiritual Support Services</i>	<i>6244 3849</i>	
<i>Lifeline</i>	<i>13 11 14</i>	
<i>Doctors Health Advisory Service</i>	<i>9437 6552</i>	
<i>Nursing and Midwifery Support Service</i>	<i>1800 667 877</i>	
<i>Stand By Support after Suicide</i>	<i>0421 725 180</i>	
<i>Suicide Call Back Service</i>	<i>1300 659 467</i>	
<i>Domestic Violence Crisis Service</i>	<i>6280 0900</i>	
<i>Next Step</i>	<i>6287 8066</i>	
<i>EAP Manager Assist</i>		
<i>People and Culture</i>		
<i>WHS Manager</i>		
<i>Clinical Supervisors ??</i>		
<i>Discipline Principals ??</i>		

Online resources

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
17-016	X	<XX/XX/XXXX>	01/11/2019	XXXX	10 of 13

Provider Website

Mindhealthconnect

Mood Gym

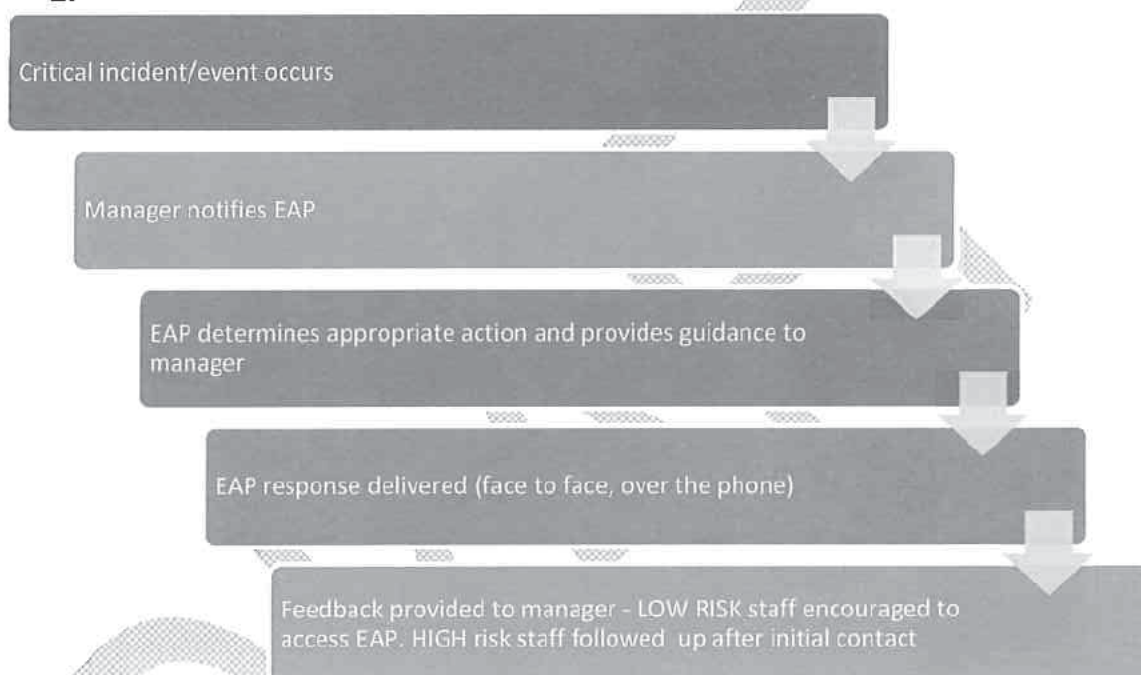
Ecouch

Mycompass

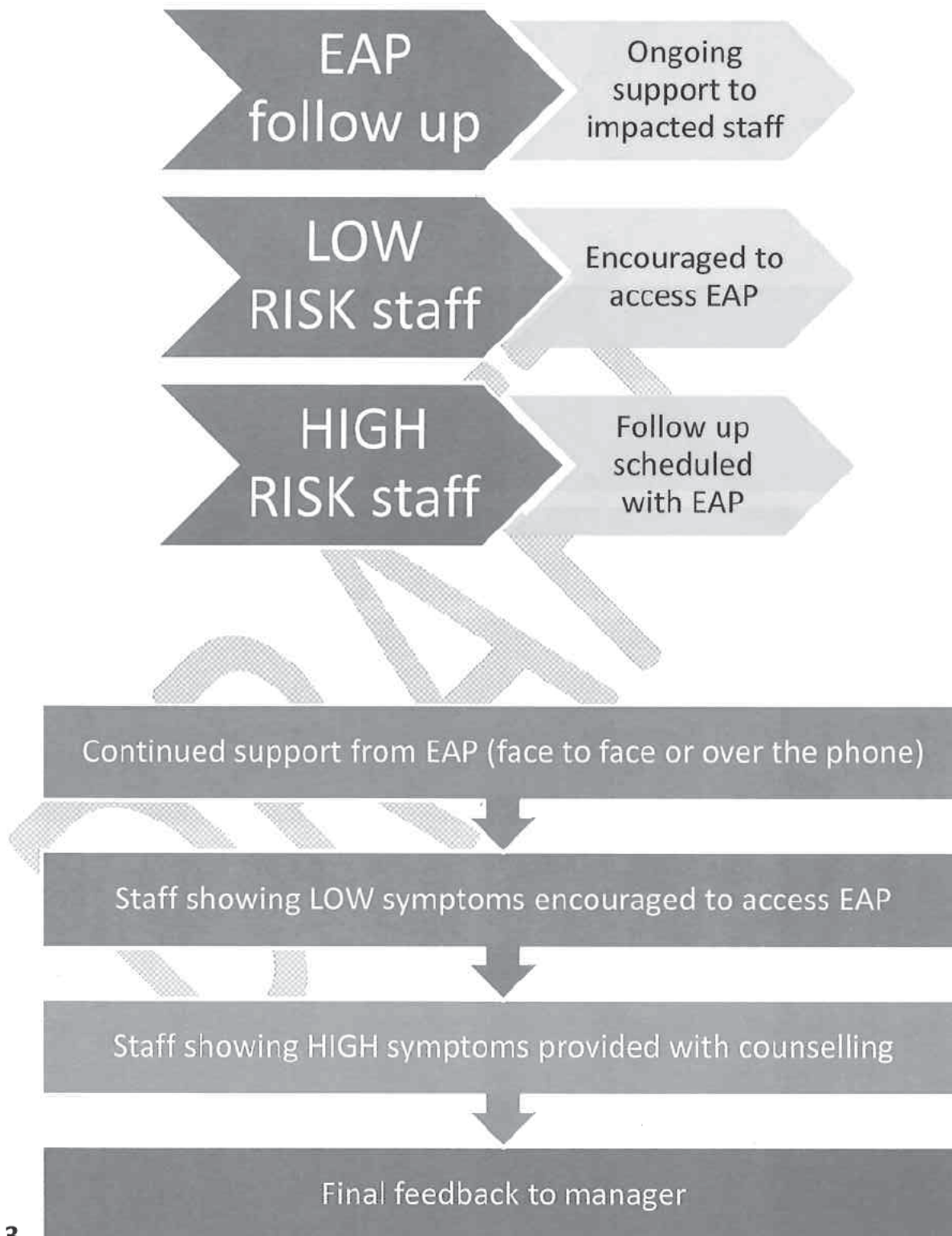
beyondblue

JMO Health

1.



2.



3.

Attachment B: Psychological First Aid Principles

- Principles of Psychological First Aid should be provided, by those trained, when supporting staff following a critical incident.
- LOOK
 - Check for safety
 - Check for people with obvious urgent basic needs
 - Check for people with serious stress reactions
- LISTEN
 - Approach people who may need support
 - Ask about people's needs and concerns
 - Listen to people and help them to feel calm
- LINK
 - Help people address basic needs and access services
 - Help people cope with problems
 - Give information
 - Connect people with loved ones and social support



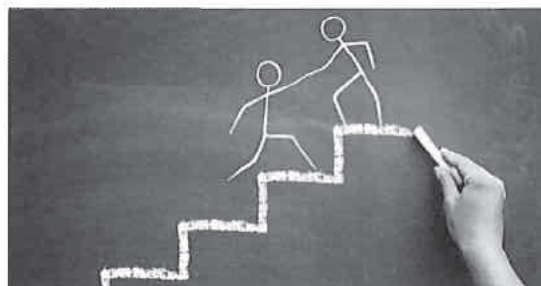
Accidental Counsellor

Purpose: The Accidental Counsellor workshop is part of the *MyHealth* Staff Health and Wellbeing program. The program is linked to ACT Health's Vision: 'Your Health – Our Priority' which is not only about the patient, it's about ensuring the health of our staff is also a priority.

This half day workshop is for staff who provide informal counselling to others, to build knowledge and skills.

Outcomes: Participants will:

- Build knowledge and skills to assist when providing informal counselling to others
- Develop core counselling skills and effective listening skills
- Understand how to establish boundaries and manage emotions
- Learn stress coping strategies
- Learn supportive skills in grief, loss and change
- Learn self-care strategies to unwind healthily



Designed for: All Staff

Date: Friday, 25 May 2018

Time: 9am-1pm

Venue: Canberra Hospital, Building 24, Meeting Room 1

Facilitator: Converge EAP

Book directly on Capabiliti at <https://training.health.act.gov.au/>

Please note: Workshops may be cancelled if there are less than 8 enrolments received. There will be a \$300 fee charged to your area for participants who cancel within 5 working days of the course OR who do not show up for training on the day.

For more information please contact Sue-ella McGufficke- *MyHealth* Manager

Phone: 6207 0266, Email: sue-ella.mcgufficke@act.gov.au



MyHealth Champions Newsletter

In this newsletter:

- April & May workshops
- 2018 Mini Expo's
- World Sleep Day
- Revive New Year's goals
- News bite from ACTNS

This month's MyHealth tip:

Be someone
you want to work with

For all suggestions or queries regarding staff health and wellbeing please contact:

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

Welcome to ACT Health's MyHealth **APRIL** Newsletter for 2018.

'YOUR HEALTH—OUR PRIORITY' IS NOT ONLY ABOUT THE PATIENT, IT'S ALSO ABOUT YOU

Please promote this newsletter to your colleagues by forwarding this email or printing to display on your MyHealth noticeboard or in your staff room.

MyHealth Mini Expo 's are coming to a venue near you!

9 April - City Health Centre

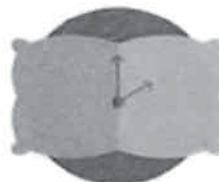
Are you in tune with your body's rhythms?

Sleep is one of the three
pillars of health, along
with diet and exercise.

Adults should have between
7-9 hours of sleep each night,
however 40% of Australian
adults still get inadequate sleep.



We have an internal body clock, known as a circadian rhythm, which influences sleep and other bodily functions like body temperature, hormone levels and metabolism.



Time invested in getting enough sleep can have long term health benefits. If work affects the time you can sleep, try to ensure a dark, cool and quiet sleep environment.



Giving our bodies time to wind down in the evening—away from phone and TV screens—can help us get to sleep at a time that suits our rhythm.



ALERTNESS
SAFETY AND
PRODUCTIVITY



Business
Cooperation Research
Centres Programme



World Sleep Day was held on 16 March — but it's always important to highlight the importance of sleep — so help spread the word.

How to revive your New Year's resolutions

Tips from the Heart Foundation

Are your New Years resolutions a distant memory? Try these four tips to get you back on track.

1. Make a positive start

The easiest way to start is to 'move more, sit less'. Build up to doing at least 30 - 45 minutes of moderate-intensity physical activity on most days of the week. Join your local fitness club, a Heart Foundation walking group or catching up with friends for a stroll are all steps in the right direction. Asking friends to be part of your new routine helps you stay committed to achieve your activity goals.

2. Don't push too hard too soon

Stay safe when exercising with these easy tips:

- Start slowly and at a level you feel comfortable with.
- If you have had a heart event or have not been physically active for some time, ask your doctor what exercises would be good for you to start with.
- Drink plenty of water before, during and after intense physical activity.
- Avoid high-intensity physical activity straight after meals and alcohol, or if you have an illness.
- If you feel discomfort, have chest pain, feel faint, have trouble breathing or your heart beat becomes too fast or irregular, stop physical activity immediately and seek medical attention.

3. Change up your everyday routine

Try incorporating exercise into your daily routine.

At home

- Stand while folding the washing, surfing the net or talking on the phone.
- If you have a garden, look after it yourself. Weeding, planting, digging and mowing the lawn are good ways to stay active.
- Doing house work is also a good way to stay active.

At work

- Move around every 30 minutes to break up sitting time.
- Organise lunchtime activities with your colleagues, such as going for a walk, going to the gym or playing a sport.
- Do some stretching at least once a day if you sit at a desk.
- Stand up while talking on the phone, filing, during meetings or even while you are working at your desk.

Traveling

- For short trips like the school run, walk or cycle where possible and leave the car at home.
- Park your car further away or get off public transport 1 or 2 stops from where you need and walk the extra distance.

4. Stay motivated

Never stop setting new goals. Once you have achieved one goal, ask yourself what's next and set a new one to keep yourself motivated throughout the whole year.

A great way to stay inspired is by staying active with others. Finding an exercise buddy, ask your friends, family or work colleagues if being more active is on their list of goals too?

Further information on the [Heart Foundation website](#)

UPCOMING *MyHealth* WORKSHOPS

April and May

- **Building Emotional Intelligence - NEW SESSION**
5 April, 4 hours, Canberra Hospital, presented by Converge EAP
- **Pillars of Resilience – FINAL SESSION**
12 April, 1 hour, Bowes Street, Presented by Optum
- **Positive People and Positive Psychology NEW SESSION**
12 April, 2 hours, Bowes Street, presented by People Sense, EAP
- **Stress busters**
13 April, 1 hour, Canberra Region Cancer Centre, presented by Assure EAP
- **Healthier Me**
23 April, information session
8 week lifestyle program 30 April – 18 June (For more information: Simon.Evans@cit.edu.au)
- **Mental Health Toolbox Talks**
17 April, 2 hours, Canberra Hospital, presented by Organisational Development
- **Compassion Fatigue (Short session) - NEW SESSION**
17 April (PM), 1.5 hours, Canberra Hospital, presented by Ascend HR
- **Understanding and Managing High Risk Situations NEW SESSION**
18 April, 1 day, Bowes Street, presented by Benestar EAP
- **Making the most of your work day – FINAL SESSION**
30 April, 1 hour, Canberra Hospital, presented by Optum
- **Compassion Fatigue: Walk the Talk and Self Care (1 day)**
9 May, 1 day, Bowes Street, Presented by Lisa Oxman
- **Motivation and Morale in Teams – FINAL SESSION**
10 May, 1 hour, Canberra Hospital, presented by Optum
- **Psychology of Sleep – Practical Tips**
10 May, 1 hour, Canberra Hospital, presented by Teall Macqueen, Adult Mental Health Unit
- **Applied Suicide Intervention Skills Training (ASIST) – NEW WORKSHOP**
17 & 18 May, 2 days, Bowes Street, presented by OzHelp Foundation
- **Mindfulness in Action**
22 May, 2 hours, Canberra Region Cancer Centre
- **Accidental Counsellor**
25 May, 4 hours, Canberra Hospital

Book all sessions directly on *Capabiliti* at <https://training.health.act.gov.au/>