

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

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

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

Contractor Company:

Has the ACT Health Contractor Induction been completed?: No

Induction Date:

Incident Type (Hazard, Incident): Incident

Has a staff injury been sustained?: No

Incident Date: [Redacted]

Incident Time: 16:40

Notification Date: [Redacted]

Notification Time: 20:44

Total days to report (days): 0.2

Work Start Time:

Provide a brief Summary of the incident?: Verbal aggression and postured to physically assault staff

Provide more details of the incident?:

[Redacted]

Incident Outline: Staff member verbally abused and threatened by consumer - intimidating posture.

Body Part Affected:

Body Part Most Affected: None

Has this incident also affected your psychological wellbeing?:

Has this incident affected your work?: No

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

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

Type of impact:

Was there any plant/equipment involved?: No

Provide Details:

Plant Asset/Serial Number:

Has a mainet been submitted?: No

Mainet Date:

Mainet Number:

Treatment Required: No

Treatment given:

Details of Other (Treatment):

Has your HSR been notified?: No

Is a claim for workers compensation required?: No

Have medical expenses ocured or likely?: No

Value of medical expenses:

Is a return to work plan required?:

Details (Return to work):

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

Incident related to the task?: No

Do you have experience in performing this task?: No

Experience (months):

Experience (years):

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

Training recieved:

Details of Other Training:

Was personal protective equipment being worn?: Not Applicable

Details of PPE used:

Other PPE Details:

Were there any witnesses?: No

Witness #1 Name:

Witness # 1 Phone:

Witness #2 Name:
 Witness #3 Name:
 Does the incident involve Yes
 claimed
 Violence/Aggression/Discriminat
 ion or Bullying/Harassment?:
 Who was involved? (ie. source): Patient/Client/Consumer
 Form of violence/aggression or
 bullying/harassment: Physical
 Discrimination Involved (i.e.
 source?):
 Alleged form of discrimination:
 Has this happened before No
 (reoccurrence?):
 Name of alleged perpetrator: [REDACTED]
 Gender of alleged perpetrator: [REDACTED]
 Physical Location: DMHU
 Employment Status:
 Hours worked per week:
 Work Unit: HUHSM
 Section: Secure Mental Health Unit
 Are you a shift worker?: No
 How many hours have you
 worked this shift?:
 Standard or rotating work:
 Manager name: Tash Lutz
 The reporter is: The person affected by the
 incident
 Reporter's Name: [REDACTED]
 Details of other (position):
 Provide a thorough investigation
 of the incident:
 Who completed the
 investigation?:
 What control measures have
 been put in place?:
 Managers Additional comments:
 Was there a Dangerous No
 Substance involved in the
 incident?:
 Name of the Dangerous
 Substance:
 Is this a WorkSafe ACT No
 Notifiable Incident?:
 WorkSafe ACT Notification Date:
 Name of the person who
 notified:
 Name of inspector spoken to:
 Deceased: No
 Police Notified?: No
 Police Notification Date:
 Name of Officer Notified:
 De-Identified Information:

Witness # 2 Phone:
 Witness #3 Phone:
 Type of claimed Violence/Aggression
 Violence/Aggression/Bullying/Ha
 rassment/Discrimination:

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

Details of other gender:

Other hours worked:

Division: Mental & Justice Health, Alcohol &
 Drug Services

Sub Section: Secure Mental Health unit

Start time:

Intended length of shift:

Manager phone: 62079600

Reporter's Position: Registered Nurse / Midwife

Review Date:

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

WorkSafe ACT Notification
 Method:
 Persons Position:

Police Notification Time:

Police Job Number:

Classification

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

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

Potential Risk Rating:

NIR Attached: No

Control hierarchy:

Security Related Incident: No

Cleaning/Waste Environmental: No

Food Services: No

Radiation/Medical Physics: No

Infection Control: No

Significant Incident Level:

Significant Incident Type:

SI Details:

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

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities :

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still required: No

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still required: No

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

Journal Entries

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

03 Oct 18 09:53:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have been identified as the manager of a staff member who submitted a Clinical Incident Report involving occupational violence. This is also required to be reported as a Staff Incident.

A Staff Incident has been created using the information entered within the Clinical Incident. However further mandatory fields need to be completed within the Staff Incident. Please ensure the staff member completes these mandatory fields.

Please then complete the following required fields in the 'ORANGE' Managers section.

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

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

Thank you for your assistance.

Actioned: No

Linked Document Path:

Mail Sent On:

Journal Type:

Action Taken

Created by:

Reviewer 2, Workplace Safety

03 Oct 18 09:53:00

DO NOT REPLY TO THIS AUTO GENERATED EMAIL

You have lodged a Clinical Incident involving occupational violence that is also required to be reported as a Staff Incident.

A Staff Incident has been created using information that you entered into the Clinical Incident. Please review the Staff Incident and complete the additional mandatory fields required.

A Staff Incident is required to be lodged for statistical purposes and so that it can be investigated as a staff incident.

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

Thank you for your assistance.

Actioned: No

Linked Document Path:

Mail Sent On:

Documents

No Attached Documents.

- End of Record -

AGS/ ID Number: [REDACTED]	Related Incident ID:
First Name: [REDACTED]	Surname: [REDACTED]
Gender: Male	
Date of Birth: [REDACTED]	Age: [REDACTED]
Contact Number: [REDACTED]	
Job Title: Registered Nurse	
Is this a Student/Volunteer Incident?:	
Is this a contractor incident?: No	Contractor Company:
Details of Other:	
Has the ACT Health Contractor Induction been completed?: No	Induction Date:
Incident Type (Hazard, Incident): Incident	Has a staff injury been sustained?: No
Incident Date: [REDACTED]	Incident Time: 17:40
Notification Date: [REDACTED]	Notification Time: 20:56
Total days to report (days): 0.1	Work Start Time:
Provide a brief Summary of the incident?: Aggression towards the staff ([REDACTED])	
Provide more details of the incident?: [REDACTED]	
Incident Outline: Staff member verbally abused and threatened by consumer - approached nurse [REDACTED] aggressively with closed fist.	
Body Part Affected: None	
Body Part Most Affected: None	
Has this incident also affected your psychological wellbeing?:	
Has this incident affected your work?: No	How much time was lost: No injury or illness - hazardous situation
Has the incident caused any impacts on service delivery?: No	Type of impact:
Was there any plant/equipment involved?: No	
Provide Details:	
Plant Asset/Serial Number:	
Has a mainet been submitted?: No	Mainet Number:
Mainet Date:	
Treatment Required: No	
Treatment given:	
Details of Other (Treatment):	
Has your HSR been notified?: No	
Is a claim for workers compensation required?: No	
Have medical expenses occurred or likely?: No	Value of medical expenses:
Is a return to work plan required?:	
Details (Return to work):	
What task was being performed at the time of the incident?:	
Incident related to the task?: Yes	Do you have experience in performing this task?: No
Experience (months):	Experience (years):
Have you recieved specific training in the task/work being performed at the time of the accident/incident?: No	Training recieved:
Details of Other Training:	
Was personal protective equipment being worn?: Yes	Details of PPE used: Other
Other PPE Details: VPM training	
Were there any witnesses?: Yes	
Witness #1 Name: Bibin Joy	Witness # 1 Phone:
Witness #2 Name: Michael De Jesus	Witness # 2 Phone:
Witness #3 Name:	Witness #3 Phone:

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

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

Form of violence/aggression or bullying/harassment: Physical

Discrimination Involved (i.e. source)?:

Alleged form of discrimination:

Has this happened before (reoccurrence)?: Yes

Name of alleged perpetrator: [REDACTED]

Gender of alleged perpetrator: [REDACTED]

Physical Location: DMHU

Employment Status:

Hours worked per week:

Work Unit: HCMUS

Section: Justice Health Services

Are you a shift worker?: Yes

How many hours have you worked this shift?:

Standard or rotating work:

Manager name: Tash Lutz

The reporter is: The Manager

Reporter's Name: [REDACTED]

Details of other (position):

Provide a thorough investigation of the incident:

Who completed the investigation?:

What control measures have been put in place?:

Managers Additional comments:

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

Name of the Dangerous Substance:

Is this a WorkSafe ACT Notifiable Incident?: No

WorkSafe ACT Notification Date:

Name of the person who notified:

Name of inspector spoken to:

Deceased: No

Police Notified?: No

Police Notification Date:

Name of Officer Notified:

De-Identified Information:

Type of claimed Violence/Aggression/Bullying/Harassment/Discrimination: Violence/Aggression **677**

Details of Other: Physical and Verbal Aggression

Details of Other (discrimination):

Details of Other (alleged form):

URN: [REDACTED]

Details of other gender:

Other hours worked:

Division: Mental & Justice Health, Alcohol & Drug Services

Sub Section: Secure Mental Health Unit

Start time:

Intended length of shift:

Manager phone: 0262079142

Reporter's Position: Registered Nurse / Midwife

Review Date:

How much of the Dangerous Substance was involved?:

Was the site preserved?: No

WorkSafe ACT Notification Method:

Persons Position:

Police Notification Time:

Police Job Number:

Classification

CMD Status: Transfer

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

Outcome: Minor

Risk Rating: M

Notifiable Incident: No

Serious Injury or Illness: Dangerous Incident:

Investigation/Findings adequate?: No

Controls adequate report: No

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

Property Management & Maintenance: No

Fire/Emergency/Evacuations/Parking/Fleet: No

Bio-Medical: No

Sterilising: No

Significant Incident Level: SI Details:

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

Potential Risk Rating: NIR Attached: No

Control hierarchy: Security Related Incident: No

Cleaning/Waste Environmental: No

Food Services: No

Radiation/Medical Physics: No

Infection Control: No

Significant Incident Type:

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

Details of other:

Details:

Details Threshold:

Details Monitoring:

Significant Incident Details

Significant Incident Category:

Person Responsible for SI Report:

Initial SI Report: No

Media Interest: No

Complaint by Family/Carer: No

Circumstances Likely to evoke service sensitivities : No

Initial SI Comments:

Initial Report Submitted: No

Initial Report Submitted By:

Date Initial Report Submitted:

Interim SI Report: No

Interim Status Update:

Interim Investigation Type:

Interim Clinical

Review/Investigation Status:

Interim ongoing action still required: No

Interim SI Comments:

Interim Report Submitted: No

Interim Report Submitted By:

Date Interim Report Submitted:

Final SI Report: No

Final Status Update:

Final Investigation Type:

Final Clinical

Review/Investigation Status:

Final ongoing action still required: No

Final SI Comments:

Final Report Submitted: No

Final Report Submitted By:

Date Final Report Submitted:

Journal Entries

<u>Date/Time</u>	<u>Journal Entry</u>	<u>Reference</u>	<u>Cost</u>
Journal Type:	Action Taken		
Created by:	Reviewer 2, Workplace Safety		
04 Oct 18 09:58:00	<p>DO NOT REPLY TO THIS AUTO GENERATED EMAIL</p> <p>You have been identified as the manager of a staff member who submitted a Staff Incident Report.</p> <p>Please complete the required fields in the 'ORANGE' Managers section</p> <ol style="list-style-type: none"> 1. Provide a thorough investigation of the incident 2. Review Date 3. What control measures have been put in place? <p>For additional advice please contact the Workplace Safety support line on 6205 0888 workplacesafety@act.gov.au</p> <p>Thank you for your assistance.</p> <p>Actioned: No</p> <p>Linked Document Path:</p>		
		Mail Sent On:	

Documents

- End of Record -

Hemming, Michelle (Health)

Subject: FW: Thank you

From: Bracher, Katrina (Health)
Sent: Tuesday, 21 August 2018 3:46 PM
To: Sandland, Carol (Health) <Carol.Sandland@act.gov.au>
Cc: Kidd, Kevin (Health) <Kevin.M.Kidd@act.gov.au>; Plant, Deborah (Health) <Deborah.Plant@act.gov.au>; Nagle, Dannielle (Health) <Dannielle.Nagle@act.gov.au>
Subject: RE: Thank you [SEC=UNCLASSIFIED]

Hi Carol,
I really appreciate you taking the time to email and your positive comments.

We are currently writing up the meeting so should be able to send through the notes to Dhulwa team pretty soon.

Cheers Tina

From: Sandland, Carol (Health)
Sent: Tuesday, 21 August 2018 2:55 PM
To: Bracher, Katrina (Health) <Katrina.Bracher@act.gov.au>
Cc: Kidd, Kevin (Health) <Kevin.M.Kidd@act.gov.au>; Plant, Deborah (Health) <Deborah.Plant@act.gov.au>; Nagle, Dannielle (Health) <Dannielle.Nagle@act.gov.au>
Subject: Thank you [SEC=UNCLASSIFIED]

Good afternoon Katrina,

I would like to thank you for what I thought was a very positive meeting last Wednesday 15/8/18, I presented the compromise's that we spoke about to the nurses, in particular Mr Kevin Kidds rational with regards to not having a 24/7 security presence on the floor, which made perfect sense to me, And my fellow nurses. Thank you for your understanding and all of you for listening to our concerns.

Regards
Carol Sandland